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ABSTRACT

The resource packet is an aid for coordinators organizing an awareness workshop on camping for the disabled or for camp directors in orienting staff to camping for persons with physical or mental handicaps. Section I covers the status of camping for the disabled, different types of disabilities, serving campers with certain handicapping conditions, and pros and cons of mainstreaming versus special camps. Section II examines important aspects of mainstreaming disabled campers, benefits for everyone involved in mainstreaming, how to adapt games for both disabled and able-bodied campers, and offers a list of mainstreaming resource materials. Section III contains a list of 36 audiovisual materials useful in learning about disabilities and how disabilities affect both disabled and able-bodied persons. Section IV presents simulation exercises for able-bodied persons to learn what it might feel like to have a disability. Section V discusses methods of recruiting disabled campers and how to assess whether a child is ready for an integrated camping experience. Section VI lists more than 100 advocate organizations for the disabled. Section VII contains references to major Federal legislation, information on American Camping Association's Standards for the handicapped, and citations of publications on funding sources for planning a camp for the disabled. (ERB)

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Awareness Workshop Resource Packet

Serving Persons with Disabilities through Camping

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Awareness Workshop Resource Packet

Serving Persons with Disabilities through Camping

Cindy Stein, Editor

Camp Administration Series

Sue Stein, Editor

Project STRETCH
The American Camping Association
Martinsville, Indiana

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Foreword

The Office of Special Education and Rehabilitative Services has for many years recognized the value of camping as an important aspect in the lives of handicapped youth and adults. Since 1971 when the former Bureau of Education for the Handicapped provided funding to help sponsor the National Conference on Training Needs and Strategies in Camping, Outdoor and Environmental Recreation for the Handicapped at San Jose State University, there has been a nationwide movement toward including handicapped children and adults in organized camping programs.

The material contained in this book and other volumes that make up the Camp Director Training Series are the result of a three-year project funded by the Division of Personnel Preparation. In funding this effort, it is our hope that the results of the project will help make camp directors and other persons more aware of the unique and special needs of disabled children and adults; and to provide information and resources to better insure that those needs are met.

The Office of Special Education and Rehabilitative Services is committed to the goal of equal opportunity and a quality life for every handicapped child in the United States. Opportunity to participate in camping programs on an equal basis with their non-handicapped peers is a right to which all handicapped children are entitled. However, this goal can be achieved only if those responsible for the provision of camping services are likewise committed to this goal.

William Hillman, Jr., Project Offier, 1979-1981
Division of Personnel Preparation,
Office of Special Education and Rehabilitative Services
Sept. 1981

Preface

Emblazoned across the mantle of the fireplace at its National Headquarters are the words "Better Camping For All." Nothing more easily sums up the basic purpose of the American Camping Association (ACA) in its 75 years of existence than do these words. From its very beginning, the Association has been concerned about providing "better" camps. That concern has led to a continuing study and research for the most appropriate standards for health, safety, and better programming in the organized camp.

That concern for standards of performance in the operation of the summer camp led to an awareness of the necessity of an adequate preparation and continuing education of the camp director. Various short courses and training events were developed in local ACA Sections and at ACA national conventions. Many institutions of higher learning developed curriculum related to the administration of the organized camp.

By the late 1960s, the American Camping Association began the development of an organized plan of study for the camp director that would insure a common base of knowledge for its participants. Three types of camp director institutes were developed and experimented with in different parts of the country. In 1970, the Association adopted a formalized camp director institute which led to certification by the Association as a certified camp director. Continuing efforts were made to try to expand and improve upon the program.

After the first decade, it was recognized that the program must be greatly expanded if it were to reach camp directors in all parts of the country. Centralized institutes of a specified nature often prevented wide participation by camp directors. This led the Association to consider the importance of documenting a body of knowledge which needed to be encompassed in the basic education of any camp director and to explore methods by which that information could be best disseminated.

During the years 1976-78, the Bureau of Education for the Handicapped, U.S. Department of Health, Education, and Welfare, funded a three-year project to determine the basic competencies required of a camp director who worked with the physically handicapped. Under the leadership of Dr. Dennis Vinton and Dr. Betsy Farley of the University of Kentucky, research was undertaken that led to the documentation of the basic components of such education. It was determined that 95 percent of the information required in education of a director of a camp for the physically handicapped was generic. Only 4 percent or 5 percent related specifically to the population served.

Meanwhile, the American Camping Association had begun to recognize that the word "all" in its motto is an obligation far beyond its extensive efforts over a number of decades to insure organized camping experiences for children of all racial, ethnic, and socio-economic backgrounds. Camps began to expand their services to a variety of special populations to encompass all age ranges and persons with a variety of physical and mental disabilities. The message soon reached the Association that any camp director education program must help all camp directors to understand and explore the needs of the new population the camps were serving. Chief among those new populations were the campers with physical and mental disablements.

In 1978, the Association approached the Office of Special Education, U.S. Department of Education, and requested funding for a project to expand its education program based on the materials developed by Project REACH, a research project funded by the Department of Education at the University of Kentucky; the intent was to include training for directors working with the handicapped and develop a plan for wider dissemination of camp director education opportunities.

A subsequent grant from the department resulted in Project STRETCH and three years of monitoring camp director education programs, revising and expanding the basic curriculum for such programs, and developing new materials for use in expanded programs.

As we near the end of Project STRETCH, the American Camping Association is pleased to find that the project has helped to greatly heighten the level of awareness of the handicapped and their needs in the camp director community.

This volume is one of several volumes that will insure "Better Camping for All" in the decades ahead.

Armand Ball,
Executive Vice President
American Camping Association

Acknowledgements

The camp administration series is a result of three years of work by hundreds of individuals in the field of organized camping and therapeutic recreation. A big thank you is extended to all who made this project a reality. While it is impossible to mention all contributors, we extend a special thank you to those individuals who assisted the project for all three years. With their input, the road to this project's completion was much easier to travel.

Project Officer, 1981-1982

Martha B. Bokee, Division of Personnel Preparation,
Office of Special Education and Rehabilitative Services

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Introduction

by Cindy Stein

The primary purpose of an awareness workshop is implicit in its name. It is a workshop that seeks to increase the participant's awareness of a certain subject. The participants may be a fairly homogeneous group with a great deal of previous knowledge about the subject or they may be a diverse group with a widely varied range of related experience. Whatever the background of the group, the purpose of an awareness workshop remains the same. The goals of the workshops are to educate, to re-educate, to dispel misconceptions, to stimulate thought, and to produce positive action to encourage camps to provide more opportunities for the disabled.

An awareness workshop on serving persons with disabilities through camping builds positive attitudes of camp directors, their staff, and others toward disabled campers. While camp personnel may be interested in working with disabled campers, they may feel that their camps cannot easily accommodate people with disabilities. They may think that only specialists can staff a camp that includes disabled persons. An awareness workshop concerned with serving the disabled can dispel such feelings and misconceptions. Participants learn that few changes need be made to prepare a camp for certain types of disabled campers. The regular camp staff can be trained to work well with special campers. If the workshop planner explores and utilizes the considerable resources available on the subject of disabilities and mainstreaming, then negative attitudes can be challenged and changed. The result of such a workshop will be positive attitudes and people who will be more willing to serve those with disabilities.

The following resource packet was assembled as part of Project STRETCH to be used as an aid for coordinators organizing an awareness workshop on camping for the disabled or for camp directors in orienting their staff to the current status of camping for persons with physical or mental handicaps.

A description of the major sections is provided. For those desiring more information on mechanics of setting up an awareness workshop, a separate publication has been developed, entitled *Making Effective Workshops Happen*. This is available through the publications service of the American Camping Association.

Section I

A paper and slide scripts which can be used as lectures are included in this section. The paper, written by Gary Robb, provides an overview of the status of camping for the disabled and an appeal for all camp directors to learn how to serve the disabled.

The slide script by Stu Mace, Camping Specialist for the National Easter Seal Society, provides information on different types of disabilities and discusses the implications for camps on how to serve campers with certain handicapping conditions. Mr. Mace then suggests specific approaches that can be used to help these special campers maximize their camping experience.

The slide script by Ross and Stein briefly focuses on the pros and cons of mainstreaming versus special camps.

A worksheet is included at the end of this section for use in reviewing various handicapping conditions and their implications for the camp setting.

Section II

These five articles examine several important aspects of mainstreaming disabled campers. The areas of consideration include: expectations of the disabled person, and parental and staff attitudes. In addition, the benefits for everyone involved in the mainstreaming process are discussed. It is an invaluable learning opportunity, for instance, for the able-bodied person who has never associated with disabled people. Professor Doolittle, in his article, discusses how to successfully adapt games so that both disabled and able-bodied campers can participate. All of the articles encourage the camp director and the staff to make the disabled camper an integral part of the camp. A resource list of materials to aid the camp director in mainstreaming is included at the end of this section.

Section III

This section contains a list of films, filmstrips, slides, tapes, and video cassettes which are useful in learning about disabilities and how they affect both the disabled and the able-bodied person. Included in the list are documentaries on camps and camping experiences involving disabled people such as "Outward Bound and the Physically Disabled." Other presentations examine how society's attitudes restrict the disabled person and what misconceptions able-bodied people have about disabled people. A series of video cassettes is available which presents youngsters with different types of disabilities and follows them in their everyday lives.

Section IV

The simulation exercises presented in this section have been successfully used by the Boy Scouts of America, Camp Fire, and the American Camping Association. One purpose of the exercises used by the Boy Scouts is to make the able-bodied

person aware of what it might feel like to have a disability. A second purpose is to show the able-bodied person that the person with a disability is really more like him/her than he/she is different. Camp Fire uses a number of role palying skits to increase the participant's awareness of views commonly held about the disabled and the problems these views can present. The three final skits deal with the attitudinal problems and other problems (e.g., cost) of mainstreaming the disabled.

Section V

The article in this section discusses methods of recruiting disabled campers (e.g., referrals, word-of-mouth, civic organizations) and how to assess whether a child is ready for an integrated camping experience. Various studies are cited which show the successful adjustment of disabled children and the factors that determine that success. The reasons for unsuccessful experiences are also examined and suggestions for how negative situations could have been changed into positive ones are offered. The emphasis of the article is on obtaining as much information as possible on each disabled child who is a potential camper. Suggestions on how to accomplish this goal are listed. Questions to aid camp directors in obtaining the desired information from parents and professionals are included.

Section VI

This section contains a listing of more than a hundred advocate organizations for the disabled. Due to a lack of space, it was not possible to list each agency's publications which would be of help to camp directors and staff planning to initiate camping opportunities for the disabled. It is recommended that these agencies be contacted for a single copy of their publications for display at workshops on the disabled or camp staff training.

Section VII

Of major concern to anyone planning a new camp opportunity for the disabled are programs and facility regulations and standards. This section contains reference to major federal legislation, information on ACA Standards for the handicapped, and publications with information on funding sources.

Meeting Special Campers' Needs

These papers provide information of interest to workshop planners as they begin to organize their session content on the history and needs for camping for the disabled as well as on the implications of handicapping conditions in a camp setting.

The are followed by a worksheet which can be used to review major categories of conditions, their characteristics, and their implications.

A Major Training Need for All Directors: Serving the Disabled through Camping

by Gary Robb, Director
Bradford Woods, Indiana University

Organized summer camping programs serving persons with disabilities have been in operation for over fifty years. While most of the programs that have been in existence for a long period of time serve very specific types of persons with disabilities, they nonetheless have provided very valuable services to persons who have traditionally been excluded from "regular" camp programs.

Historically, summer camp programs for disabled persons have developed and operated primarily by private or quasi-private agencies and schools. In most cases, summer camps serving special populations have originated for the purpose of supplementing therapeutic or educational programs of hospitals or schools. As an example, Perkins School for the Blind in Massachusetts sensed the need to provide some type of recreational or educational program for blind children during the summer months, a time when the residents of the school often have very little to do and no place to go. As a result, the director of the school was instrumental in working with a local Lions Club in developing a summer camp in New Hampshire that specifically served the blind girls of the school during the summer vacation. State hospitals and state schools for the mentally retarded have long maintained camping programs on their grounds during the summer months as a part of their ongoing recreational programs. State Easter Seal Societies throughout the country have also been active in sponsoring physically disabled children in summer camp programs. Many states operate their own camp facilities, and hire staff on a year-round basis to direct the recreational and camping programs that they sponsor.

Summer camp programs for persons with disabilities have been initiated primarily for recreational purposes. A number of camps, however, have started programs to provide an alternative setting to enhance and achieve specific therapeutic and/or educational objectives. Examples would include camps with diabetic children, where recreation is combined with intensive instruction on diabetic education, i.e., how to handle diabetes, what to do in certain situations, i.e., insulin shock, diabetic coma, how to give injections, etc.; camps for obese children, where the primary purpose is to educate overweight children on proper nutrition, eating habits, exercise, diet, etc. Two organizations that have developed a number of camps for the purpose of assisting emotionally disturbed children and children in trouble are the Devoreaux Schools and the Eckerd Foundation.

Organizations at the national level have also played a significant role in the development of organized camping for special populations. The National Easter Seal Society, the National Association for Retarded Citizens, the American Foundation for the Blind, the National Therapeutic Recreation Society, the Muscular Dystrophy Association, and the American Camping Association are just a few major organizations that have long been committed to the concept of camping for special populations and who have provided guidance and resources to this end. In addition, Lions Clubs, Kiwanis Clubs, Rotary Clubs, and other civic organizations at the national, state, and local level have, since the beginnings of special camp operations, been involved in sponsoring children and providing manpower and financial resources to insure the success of hundreds of summer camps throughout the country.

The number of summer camps for persons with disabilities has grown dramatically over the past thirty years. Every state in the nation now has or is contemplating the construction and development of a residential summer camp (or year-round camp) that will serve special populations. The types of camps are so diverse and serve persons with so many types and levels of disabilities that there is no single source or listing available. However, the Clearinghouse of the Handicapped has published a *Directory of National Information Sources;* the National Therapeutic Recreation Society will provide a listing of camping programs with disabled persons along with bibliographic information; the American Camping Association's *Parents' Guide to Accredited Camps* lists camps serving special populations that meet accreditation requirements; and the *Directory of Agencies Concerned with Camping and the Handicapped*, published in 1979 by the University of Kentucky, provides additional information on regional, state, and local directories, as well as partial listings of camps by regions and states.

The development of camping with persons who have disabilities has historically followed very closely the rationale and development of the broader social service system and facilities serving the handicapped. Perhaps the best example of this is the state hospital systems and the state schools for the mentally handicapped. Characteristically, these institutions have been placed in rather isolated areas, on large tracts

of land; architecturally they have been designed to accommodate large groups in facilities allowing little privacy, but maximum supervision. In recent years these institutions and the philosophy of treatment and isolation that has existed for years has come under sharp social and political attack. A parallel can be drawn with camps that have exclusively served only a very specific population, as well as other camps that serve a broad cross section of persons with disabilities. While these camps have filled and will continue to fill a tremendous void, the current educational and treatment philosophies that call for a 'normalized' experience in the "least restrictive environment" must be considered.

It has been estimated that only about 10 percent of the children in this country with disabilities (over eight million in all) have had the opportunity to participate in summer camp programs. This is probably due to a lack of availability of camp programs, lack of camp facilities that are physically accessible to persons with mobility problems, and attitudes of camp operators toward the inclusion of children with different types and degrees of disability into their programs.

It would appear that the potential and opportunity that the inclusion of handicapped children into 'regular' camp programs would create a real challenge to innovative camp directors. While it is not suggested that all children with disabilities should be integrated into regular camp programs (just as it is not suggested that all children should attend a camp at all), there is a vast number of children among the eight million identified as having some type of disability that *could* greatly benefit from a normalized camp experience.

Training for the camp director regarding the inclusion of children with disabilities into their here-to-fore segregated camp program is essential and can accomplish the following objectives.

1. Clarify and identify types and numbers of children with disabilities that might be potential campers in a particular camp program.
2. Reduce stereotyped attitudes or misconceptions about persons with various types of disabilities.
3. Create an understanding of abilities of children who have traditionally been excluded from regular camp programs because of disability.
4. Provide concrete program planning and execution suggestions for integrating children with disabilities into a particular camp.
5. Provide information on external resources and support systems that are available to enhance the possibility of successfully integrating handicapped children into the regular camp program.
6. Provide information on how to cope with potential backlash from other children and parents regarding the inclusion of handicapped children in the program.

The implications for integrating handicapped children into a regular camp program are many. All can be positive if approached properly; but they may certainly become negative if proper training and understanding are not achieved. A major consideration for camp operators attempting to determine if they should include children with disabilities in their camp program is:

> Because of new laws and public mandates, more and more children are being educated, treated, and recreated with their nondisabled peers. As this trend continues in schools, churches, community recreation programs, and other public places, parents of nondisabled children may well come to expect that Johnny's friend, who happens to be in a wheelchair, should attend the same camp that Johnny has attended for years. Johnny may well decide that he will not go to camp without his friend, who happens to be disabled . . .

Laws, potential funding sources, parent pressures, or feelings of moral obligation not withstanding, the bottom line of service to children through residential camping programs is to provide children with the best possible experience, given the specific goals and objectives of the camp. In many cases, the integration of persons with disabilities may provide a dimension that will facilitate the achievement of many "traditional" camp objectives. Certainly, the person with a disability has the same types of interests, needs, and wishes for a positive experience as does a nondisabled peer. Working together, sometimes having to overcome major physical, psychological, social, or attitudinal obstacles, can create the type of helping atmosphere that most camps strive for.

In summary, camp directors will find that with minimal training, many seemingly unsolvable and complex problems can be resolved without a great deal of effort. With additional training, they will learn to effectively integrate persons with disabilities into their programs for the benefit of all participants. Things such as architectural barrier problems, camper interaction questions, behavior management or self-help skill concerns, are addressable and alternatives and/or answers are available.

In Perspective: Children with Disabilities in Camp

by Stuart Mace, Camping Specialist
National Easter Seal Society

Title slide.

Slide 2: Each year more youth with disabilities enjoy the many advantages of attending a resident camp or a day camp.

Slide 3: In some cases these individuals attend special camps that are designed to meet the needs of persons with severe disabilities.

Slide 4: In other cases they join their school and neighborhood friends at camps that serve a broad cross-section of the population.

Slide 5: As the participation of campers with disabilities becomes more common in American camps, it is crucial that directors and seasonal staff become familiar with the common disabilities and their implications for camp programs.

Slide 6: For purposes of this discussion we are dividing disabilities into seven functional classifications. A camper's disabilities may fit into more than one classification.

a. Mobility limitations
b. Bowel and bladder control limitations
c. Upper-limb limitations
d. Breathing difficulties
e. Sensory limitations
f. Activity limitations
g. Learning and behavior difficulties

Let's start with mobility limitations.

Slide 7: Individuals with spinal cord injuries, muscular dystrophy, or lower-limb amputations often experience difficulty navigating rough terrain, steep inclines, and steps. Narrow doorways, small restroom stalls, and some traditional building furnishings can also limit the independence of these campers.

Slide 8: Before enrolling a child with limited mobility as a camper, camp directors should objectively survey their facilities and analyze their programs to determine if the prospective camper will be able to participate fully.

Slide 9: Although adaptations should be made wherever and whenever possible, an entire camp need not be renovated in order to be considered accessible.

For example, easy access to a dining hall may be accomplished through the ramping of only one entrance.

Slide 10: Entry into buildings and rooms may be achieved through the widening of a few doors.

Slide 11: Independent use of sleeping accommodations may be made possible simply through the assigning of campers with mobility limitations to an already accessible living unit.

Slide 12: The American Camping Association's *Camp Standards with Interpretations* is recommended as a guide for evaluating both camp facilities and programs.

Slide 13: A spinal cord injury, caused by accident or disease, results in paralysis of certain parts of the body and corresponding loss of sensation.

Slide 14: Paraplegia refers to paralysis from approximately the waist down. Quadriplegia refers to paralysis from approximately the shoulders down.

Most campers with paraplegia move about with the assistance of double leg braces and crutches. A wheelchair may be used for long distances.

Slide 15: Electric wheelchairs are designed to give individuals with mobility limitations maximum independence.

Slide 16: Muscular dystrophy refers to a group of chronic diseases causing progressive degeneration of voluntary muscles.

Slide 17: As the muscles deteriorate, physical weakness increases; use of a wheelchair is often required. Changes in physical structure may develop and bones may become very fragile and fracture-prone in advanced stages.

Slide 18: When lifting a child with muscular dystrophy, it is important to remember that the child will be able to offer only very limited assistance, if any. Special lifting techniques and devices may be needed.

Slide 19: Even partial loss of a lower limb may limit the mobility of some persons. However, many individuals with below-the-knee amputations may walk so well when fitted with a modern artificial limb that their disability is in no way apparent. They can engage in most competitive sports, but allowances may have to be made for intermittent stump problems.

Slide 20: Individuals with above-the-knee amputations, particularly bilateral, may be quite limited in mobility and require use of a wheelchair part-time. Swimming is an excellent activity also for campers with above-the-knee amputation. In most cases, a child with an amputated limb will have clear instructions regarding care of the stump. This information is crucial.

Slide 21: The prothesis should also be given special attention to ensure that it is clean, dry, and in proper working order.

Slide 22: Campers with mobility limitations can usually participate in all activities, although equipment or rules may need to be adapted.

Slide 23: Mechanical assistance in the form of wheelchairs, walkers, crutches, and canes may be used to increase independence.

Slide 24: Most important, appreciate what the person can do. Remember that difficulties the person may face may stem more from society's attitudes and barriers than from the disability itself.

Slide 25: An example of a disability that results in bowel and bladder control limitations is spina bifida, a condition present at birth.

Slide 26: Spina bifida is caused by failure of the vertebral canal to close normally around the spinal cord. As a result, the muscles of the legs and feet may be weak or paralyzed. Sensation may be weak or absent in the lower back and extremities. The bladder and bowel-control problems arise from inability to sense when the bladder and bowel are full. Muscle control and strength necessary to empty the bowel and bladder properly may also be lacking.

Slide 27: Perhaps the greatest concern that a camp staff should have for a child with limited bowel or bladder control is the possibility of "accidents." Accidents can be very embarrassing for youth and must be handled with care and sensitivity. To reduce the possibility of accidents, many individuals with limited bowel and bladder control follow a strict elimination schedule. It is important that camp activities not interfere with this schedule.

Slide 28: Some people with no bladder or bowel control use catheters or colostomies. The camp nurse or physician should check with parents about correct procedures for care of these devices.

Slide 29: There are many disabling conditions that cause upper-limb limitations. Among them are congenital amputations, quadriplegia, muscular dystrophy, and cerebral palsy.

Slide 30: Cerebral palsy is a general term applied to a group of symptoms resulting from damage to the developing brain before, during, or after birth. Results are loss of or impairment of control over voluntary muscles.

Slide 31: Many times campers with upper-limb limitations can participate in camp activities by using assistive devices. Strong, steady surfaces on which the camper's arms can rest are particularly helpful to campers in activities such as arts and crafts or riflery.

Slide 32: Individuals with extreme upper-limb limitations may need assistance in some activities of daily living. A counselor or another camper can be very helpful when it comes to tying shoes, buttoning, or even eating.

Slide 33: More moderate forms of breathing difficulties include sinus conditions, allergies, and hay fever.

Slide 34: Asthma, one of the more severe breathing difficulties, is among the most common chronic diseases of children. It may be best described as labored, wheezing breathing caused by interference with the flow of air in and out of the lungs. There may be shortness of breath and cough.

Slide 35: An attack of asthma may result from exposure to psychological stimuli or to stimuli such as allergies, infections, overexertion, or irritants.

Since children with asthma may react to many substances in the environment, it is important that as many irritants as

possible be eliminated or avoided. As an example, before enrolling a camper in a horseback riding program, it is advisable to determine how the child will react to animal dangers.

Slide 36: A child with asthma may also be allergic to certain foods. At mealtimes, appropriate substitutes should be available.

Slide 37: Exercise may readily induce wheeziness. However, this negative possibility must be counterbalanced by the positive opportunity to participate as fully as possible in camp activities so that the child with asthma will not appear to be different from others.

Slide 38: Games requiring short bursts of physical activity, such as baseball, are better than endurance sports, such as soccer or running.

Slide 39: Loss of vision comes in many forms and degrees. Those who experience loss of vision after age five probably retain an image in the mind of how things look. It is important to be aware of this if you are trying to describe something to an individual who has loss of vision.

Slide 40: A camper with severe or even total loss of vision can participate readily in most camp activities when certain adaptations are made.

Slide 41: On a hiking or backpacking trip to unfamiliar territory the camper will probably need a guide.

When offering to act as a guide, offer the arm just above the elbow. Walk about half a step ahead of the individual.

Never grab the person's hand, distract the guide dog, or insist on helping if help is not wanted.

Slide 42: Hearing loss can vary from mild to complete. A child with a hearing loss is usually eager to communicate and will know the best way to succeed.

Slide 43: With the assistance of hearing aids, some campers will be able to hear and to speak quite normally. Other campers with more severe losses may prefer to use sign language or to read lips. Some campers may use both methods.

Slide 44: Regardless of the communication method used, remember to establish and maintain eye contact during any conversation when speaking to a person with a hearing loss. Face the light so that your mouth can be seen. Speak slowly and clearly. Do not exaggerate or raise your voice.

Slide 45: At night it is helpful to shine a flashlight on your face as you speak. This allows the camper with a hearing problem to see the movement of your lips more clearly.

Slide 46: When explaining directions, a demonstration can be more helpful than verbal explanations. When full understanding is doubtful, write notes.

Slide 47: Give whole, unhurried attention to the person who has difficulty speaking. Do not talk for the person but give help when needed. Keep your manner encouraging rather than correcting. When necessary, ask questions that require short answers or a nod or shake of the head.

Slide 48: The category of activity limitations includes diabetes and epilepsy. Both of these are invisible disabilities that in most cases can be controlled.

Slide 49: Juvenile diabetes is an inherited disorder in which the body cannot use sugar normally because the pancreas does not produce insulin.

Slide 50: Diabetes can be controlled by a careful balance between diet, exercise, and administration of insulin. The better a child with diabetes understands the nature of his or her condition and applies the knowledge to self-care, the more the child will be free to participate fully in the camp activities.

Slide 51: The key to control for a child with diabetes is regularity. Many require daily injections of insulin. One way to judge whether the camper is receiving enough insulin is by testing the urine for sugar and acetone. Generally the urine is tested four times daily and recorded.

Slide 52: A child's diet must be constant in terms of amounts and types of food eaten and the times they are eaten daily. Most campers with diabetes eat five meals per day: breakfast, lunch, dinner and two snacks—an afternoon snack and a bedtime snack.

Slide 53: Exercise works like insulin. When persons with diabetes exercise they burn sugar but spare insulin. In a camp setting the possibility of overexercising can be a problem which can lead to insulin reaction.

Slide 54: A simple measure to prevent insulin reaction is to stop an activity when a snack is needed.

Slide 55: At present most youths who have epilepsy can achieve full or partial control of their seizures with medications. It is important to know about the medications so that the correct amounts can be administered at scheduled times by the camp nurse or physician.

Slide 56: The possiblily of seizures should not restrict activities, but precautions suggested by parents should be followed.

Slide 57: If a child has a seizure, remain calm. Do not try to restrain. Let the child lie down; if possible, clear the area of objects that could cause injury. Turn the child on one side. If his or her mouth is open, you may put a soft object between the teeth to prevent biting the tongue. Following the seizure the child may require an extended period of rest.

Slide 58: Persons with mental retardation develop at a lower-than-average rate and experience unusual difficulty in learning and social adjustment.

Slide 59: When working with a camper who has mental retardation, keep in mind abilities rather than age. It is important to structure activities. Attention span will likely be short and require frequent change in activities. Directions may have to be repeated and simplified with definite limits explained to the child.

Slide 60: Youth with retardation need lots of praise and affection. This does not mean that they won't misbehave or need discipline. Be loving but firm.

Slide 61: Down's Syndrome, formerly known as mongolism, is a type of retardation.

Slide 62: Most children with Down's Syndrome have poor coordination. Most tend to tire easily and to be susceptible to infection. Most do not progress beyond the intellectual level of fifth grade.

Slide 63: All children at times have emotional and behavior problems. A child who has repeated behavior problems may require professional help. Those categorized as having emotional disturbance are usually placed in special classes in school.

Slide 64: A child who feels much stress and anxiety may express the feeling through inappropriate behavior. There are various techniques for dealing with behavior problems; most of these stress structure and consistency. Parents and teachers are your best sources of information on how to handle a particular child's behavior problems.

Slide 65: When people rarely come in contact with persons who have disabilities, they will more likely base their reactions to them on stereotypes or misconceptions.

Slide 66: Remember that a person who has a disability is, like anyone else, a person who may grow in a camp experience if provided opportunities to participate to the fullest extent of the capabilities he or she possesses.

Slide 67: For additional information on a particular disability, contact your library, public or private health agencies, or professionals who work with individuals who have disabilities.

NOTE: A complete slide set for use with this topic is available from the Educational Services Department of the American Camping Association, Bradford Woods, Martinsville, IN 46151.

Meeting the Needs of the Handicapped Through Camping: Special Programs Versus Mainstreaming

by Mary Ellen Ross, Director, Camp Merry Heart and Sue Stein

Slide 1: It has been estimated that between ten to twelve percent of our country's population suffer from some kind of handicapping condition, ranging from very minor handicaps such as having to wear glasses through major handicaps such as those necessitating the use of a wheelchair.

Slide 2: During the past several decades there has been a growing desire by the government and private sector to provide equal opportunity for the handicapped in education, work, and play.

Slide 3: Camping for the handicapped is not new. Numerous reports have been written since the early 1900s extolling the therapeutic benefits of a camp experience for the handicapped.

Slide 4: However, most camping opportunities for the handicapped have been conducted in special camps.

Slide 5: Special camps for the handicapped have their advantages and disadvantages. Some of the advantages include:
Special facilities and specially trained staff to support the needs of the handicapped.

Slide 6: Opportunity for campers with similar disabilities to share camp experiences together.

Slide 7: Opportunities for development of self-reliance (acceptance of disabilities). Since everyone has a handicap, everyone's handicap is automatically accepted.

Slide 8: Participation in the same experiences as "regular" children, but with modification designed for the handicapped camper.

Slide 9: Opportunities to develop confidence that can be used in the "real" world.

Slide 10: Opportunities to feel a part of games, secrets, tasks, and interests common to the camp experience.

Slide 11: Participation in activities that will teach acceptance of limitation of abilities.

Slide 12: Exposure to non-sheltered situations that will prepare handicapped children to function in an able-bodied society.

Slide 13: Some of the disadvantages of special camps include:
Lack of normal contact with the nonhandicapped community.

Slide 14: Less competative than in a regular camp or society in general.

Slide 15: High staff-camper ratio results in a much higher camp operating cost.
Each of you, no doubt, can think of more advantages and disadvantages to add to each list.
The adaptation of Public Law 94-142 in the '70s emphasized the need for all services for the handicapped to be provided in the least restrictive environment possible.

Slide 16: For this reason, more and more camps have begun to mainstream their program.

Slide 17: As with special camps, mainstreaming has its advantages and disadvantages.

Slide 18: Not every handicapped individual should be mainstreamed. Some may not be ready or capable of participating in the regular camping program, but they should be allowed to function in the "least restrictive" environment possible.

Slide 19: Mainstreaming may be done in reverse with some normal children. Not all normal children are ready to participate in a special camp as it may be for handicapped children.

Slide 20: Mainstreaming, however, does provide the opportunity for the most "normal" program setting possible for persons with a mental, emotional, or physical limitation.

Slide 21: Instead of limiting opportunities as in specialized camps, mainstreaming opens up a spectrum of opportunities for the handicapped individual to select the camp experience that can best meet his or her needs.

Slide 22: Regardless of whether your camp selects the route of special camp or mainstreaming, it is important that time and attention be given to the following items: (Again, you may think of additional items to consider.)

Slide 23: Persons to be served (Is this program the best for the campers?).

Slide 24: Modifications or additions of facilities to be considered. (If you are mainstreaming, you may have to limit the types of handicaps you can serve.)

Slide 25: Staff requirements needed: (What is your ratio of staff to camper, and what should your ratio be for particular handicaps?)

Slide 26: Staff orientation and training needed. (What special training for staff is needed to facilitate their skills in serving the handicapped?)

Slide 27: Attitudes of camp director and staff need to be positive. (What can be done to give staff a positive attitude?)

Slide 28: Extras to be added. (What types of staff might you need to add, such as: medical staff, swimming specialist.)

Slide 29: Program criteria to be considered. (What activities will be offered, and should they be modified? If so, how?)

Slide 30: If camp is to be a successful experience for all, one important factor that should be accomplished is that campers no longer see a wheelchair, a missing limb, or a disability. They should see beyond that; seeing each other as individuals with similar desires and needs. This will determine the success or failure of a mainstreamed program or special camp.

Slide 31: The type of camp you prefer depends on you, your staff, and your campers. But regardless, cooperation, flexibility, and willingness is needed.

NOTE: Slides for use with this topic are available from the Educational Services Department of the American Camping Association, Bradford Woods, Martinsville, IN 46151.

Handicapping Conditions Worksheet

Define Handicapped: _____

_____

_____

Category	*Facts to Remember*	*Implications for Camps*
I. Mobility Limitations		
II. Bowel and Bladder Control		
III. Upper Limb Limitations		
IV. Breathing Difficulties		
V. Sensory Limitations		
VI. Activity Limitations		
VII. Learning and Behavior Difficulties		

Magazine Articles and Suggested References

Mainstreaming at Camp Is for Children, Staff, and Parents

John L. Tringo and Edwin W. Martin
CAMPING MAGAZINE/JUNE 1979

The value of camping to the handicapped child is well established. Camping is fun; it is an adventure; it is full of activity and outdoor experiences. Camping means friendship and fellowship. Above all, camping provides handicapped children an opportunity for experiencing new levels of independence. The camping experience can be extremely important for those handicapped children who have had limited social and recreational opportunities because of their disability. The value of the camping experience is multiplied when handicapped children are integrated into a camping program with nonhandicapped children. Before discussing the opportunities camping provides for handicapped children, it may be useful to briefly review the rationale for mainstreaming handicapped children.

Historically, handicapped children have most often been educated in segregated, special education classes. The restricted environment of the special class was considered the most appropriate setting for educating these children because it offered them relief from the academic competition of the regular class and from the social rejection they often experienced when interacting with their nonhandicapped peers. Recently, however, many people have been concerned that this isolation at school would prevent the handicapped child from participating in the mainstream of society. In response to this concern, federal legislation, the Education for All Handicapped Children Act and Section 504 of the Vocational Rehabilitation Act, requires that handicapped children be educated with nonhandicapped children to the greatest extent appropriate. These laws are landmark efforts on the part of the federal government to provide equal access and opportunities for handicapped individuals by eliminating physical, social, and educational barriers to full participation in life.

Camping provides a unique opportunity for bringing handicapped children into the mainstream of life. Integration outside of the school setting can be useful in preparing a child for mainstreaming during the school year and can reinforce the school experience. More important, it enlarges the scope of integration so that interactions between handicapped and nonhandicapped persons become a common and natural aspect of everyday life. At camp, the handicapped child has an opportunity to cooperate and compete with nonhandicapped (and other types of handicapped) children on an equal basis, away from the academic pressures of school. The child wins, loses, succeeds, fails, and sees others do the same. The child is no longer so different to him- or herself or to others. This becomes an accepted fact that all children can take from camp back to school and home. Disability can thus be seen as just another individual variable, like blond hair, left-handedness, or the ability to hit a softball. The mainstreaming experience at camp can serve as a solid foundation for further integration at home, school, and work.

A camp that is integrating handicapped children for the first time will need to do some thorough planning and preparation to ensure success. Simply integrating handicapped and nonhandicapped campers and expecting a smooth transition is unrealistic. For integration to be successful, it is necessary to: 1) consider the attitudes and expectations of the campers; 2) be aware of parental reactions; 3) train staff members to work with handicapped children; and 4) remove environmental barriers.

Children, as well as adults, have a set of attitudes and expectations regarding handicapped children that must be considered. These attitudes, favorable and unfavorable, affect all behavior and are not easily changed. Staff training and some camp activities can be planned so everyone is made aware of his or her own attitudes. An apparently positive attitude, such as "handicapped people have great patience and courage" is as harmful as a more negative attitude because it produces unrealistic expectations and treats all handicapped people as a class with a different set of attributes. Handicapped sterotypes are frequently reinforced as both handicapped and nonhandicapped persons react to stereotypes rather than to the person. The most effective way of changing these stereotypes is through frequent contact and interaction under a variety of conditions until people react to a person instead of a stereotype or disability.

Integration will not be effected without some inevitable pain and confusion for the handicapped child. The child will have to face some negative experiences, but these experiences are part of a healthy growth process and their value cannot be overestimated. Handicapped children are often deprived of the necessary feedback from others that would enable them to learn appropriate and inappropriate social behavior. It is only through frequent interactions with other children under a variety of conditions that unrealistic attitudes can be dispelled.

Through interaction with handicapped children, the nonhandicapped children at the camp will learn to deal with some of their own fears and prejudices. Not only will they become more understanding of people who appear to be different, they will begin to see that the differences are not so great after all. Their own personalities and value systems will be broadened and strengthened. An adult who becomes disabled or has a child born with a handicap will be able to deal more

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effectively with the disability as a result of his or her previous interactions with handicapped people. Attitudes are a central factor that underlie all preparations for mainstreaming. Particular attention needs to be given to the reactions of parents of both handicapped and nonhandicapped children when planning a mainstreaming initiative.

A number of factors should be considered when dealing with parents who are thinking of sending their child to camp. Parents of both handicapped and nonhandicapped children may be apprehensive about mainstreaming. Labels, such as mentally retarded or emotionally disturbed, should be avoided. Labels are stigmatizing and arouse irrational fears in parents and children. There is no need to identify handicapped children by any specific label at camp. Awareness of practical limitations, such as limited mobility, is all that is needed for planning purposes.

For the parents of a severely handicapped child, camp may provide the first extended vacation from the daily care and responsibility for the child. The camp may provide the first experience of separation and give the parents the satisfaction of knowing that their child will eventually be able to make it on his or her own. As the camping experience develops the child's self-confidence and independence, the parent's concept of the child and their relationship will change.

Parents of nonhandicapped children may take satisfaction in the knowledge that their children are growing in understanding and maturity as they relate to handicapped children. As in any good camp, parents will be reassured by the concern of the administration for all children, adequate supervision and facilities, and the training and competence of the staff. The operational fulfillment of providing a safe, appropriate, and coherent camping program will require staff training.

The easiest way to ensure staff competence is to hire some teachers, handicapped persons, and students of special education as staff members. These staff people who are experienced in mainstreaming should be used as resource people for the entire staff. The impact of mainstreaming is partially lost if only specialists are responsible for handicapped children. There are many resources available to assist in preparing to mainstream. Schools, colleges, volunteers, and organizations for the handicapped can provide information and training at little or no cost. Project REACH, a Bureau of Education for the Handicapped funded project at the University of Kentucky, is developing competency-based training programs for training camp personnel to work with handicapped campers. These training programs are expected to be available in the spring of 1979.

Severely handicapped campers, particularly those in wheelchairs, require some modifications in camp structure and design to allow access and participation in camp programs. Sleeping, eating, and bathroom facilities must be modified to accommodate wheelchairs, and ramps must be installed where stairs are a barrier. Specifications for removing architectural barriers have been established by American National Standards Institute and should be consulted when planning modifications. Camps are often located in naturally rugged terrain and thought must be given to removing environmental barriers so handicapped campers may have access to programs. This does not mean that every trail, water site, or camp facility must be made accessible. The emphasis is on program accessibility and this requirement is met if nonhandicapped children have access to each program offered by the camp. With reasonable and even simple modifications, even a severely handicapped youngster is capable of participating in camp activities. Any additional costs may be offset by increased revenue from organizations supporting camping for handicapped people, increased utilization of camp facilities by elderly or handicapped groups in the off-season, tax deductions, and state and federal grants.

Camps have a great opportunity, as well as an obligation, to assist in the movement to bring handicapped people into the mainstream of life. Camping is a highly valued experience that can prepare handicapped children for mainstreaming in an enjoyable and nonthreatening atmosphere. Equally important, it can enhance every camper's understanding and feeling for people who appear to be different. Careful planning and preparation is essential to successful mainstreaming but this can be accomplished at minimal cost. Furthermore, the return on this personal and financial investment in mainstreaming will be an increase in the scope and value of camping for all children.

Making Exceptional Children a Part of the Summer Camp Scene

Doreen Kronick

JOURNAL OF HEALTH, PHYSICAL EDUCATION AND RECREATION/ JANUARY 1972

Camp directors have been hesitant to absorb exceptional children into their setting. They have been concerned about their ability to handle the children medically. They have questions about the adequacy of their physical plant and maturity of their staff. They wonder whether the campers and their parents will react negatively to handicapped cabinmates. They wonder what kind of special knowledge they must have, what referral procedures should be effected, and what assistance can be expected from local agencies.

Certainly every director will not find his camp suitable to undertake such a program. However, if we are to contribute to the self-sufficiency, productivity, maturity, and happiness of the vast numbers of our handicapped population, many of us must attempt to service these children. By teaching them to meet the demands of everyday life we prepare them to cope with the stresses of tomorrow. And we enrich the lives of our other campers as well.

It has been our experience that integrating some handicapped and exceptional children into our normal camp has been of great worth, both for the nonhandicapped and for the special children. In many cases the handicapped or ex-

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ceptional children have spent their lives being sheltered and overprotected at home, attend "special" classes and therapy groups with other "special" children. They experience their first real opportunity to learn to live with their normal peers at camp. The ability to master the living situations of camp is an important step in the direction of functioning in society at large.

The special child often has a past history of repeated failure in whatever he has attempted. At camp he is confronted with a new physical, social, and learning experience in a nondemanding, informal setting, in which he may achieve his first successes. With success, his self-esteem and his ability to communicate improve, and consequently so does his ability to behave in an acceptable fashion.

Having a "special" child in a cabin can be a positive learning experience for our nonhandicapped campers. This can be a lesson in empathy, acceptance, and the realization of the integrity of each human being. Just as sleeping beside a youngster of a different race or nationality can help a child appreciate his sameness and humanity, so can a special child teach an invaluable lesson to his cabinmates.

It is necessary to interpret to the cabinmates, and other campers, if the need arises, the worth of the special camper, his right to experience an enjoyable, meaningful summer, and the role they can play in implementing this. We explain that everyone does not function as well as they would choose in some areas, giving examples, and that the handicapped camper has limitations of function, which must be accepted as such. Whenever the handicapped child cannot participate in a cabin activity we provide an alternate activity. This averts resentment on the part of his cabinmates, which can occur when they are held back from their regular activities. If the situation is handled judiciously, the nonhandicapped campers react positively toward the special child.

When approached by parents of a handicapped or exceptional child, we are faced with the difficult tasks of assessing the degree of the child's impairment, deciding whether he could benefit from a camp situation, and whether the camp chosen should be a nonhandicapped or special setting.

If the child is under the care of an agency such as a crippled children's center, family service agency, psychiatric clinic, or institute for the blind or deaf, the camp director should request a detailed report. It should consist, in part, of the child's abilities, disabilities, particular problems related to his impairment, specific methods of handling him, the extent of his special training, his social ability, and his readiness to cope with a nonhandicapped situation. If the child is not receiving treatment from an agency or clinic, the schools are able to furnish considerable information on his ability to handle himself, and, in some cases, to give details of his psychological assessment. At the close of the summer the camp should be prepared to furnish a report to the agency or clinic, so that they can maintain a twelve-month picture of the child's progress.

Although the parents or agency may have approached the director concerning placement of the child in camp, it is still customary for the parents to experience considerable anxiety of having the child live away from home in a relatively unsheltered setting. The child, as well, frequently is the product of years of overconcern and overprotection and anticipates the forthcoming camping experience with a mixture of enthusiasm and fear. Therefore, the camp director must be prepared to devote extra time to the family interview. Many fears will be reduced if the director takes the time to explain in detail his medical services and practices, physical facilities, meals, demands made of campers, staff qualifications, and program. The prospective camper will feel more comfortable if he is given a picture of a typical day's activities, a description of the cabin in which he will live, and a detailed description of the trip to camp, from the time he leaves home until he is settled into his cabin. The director must assist the parents in "letting go" so that their child can begin to acquire the skills of independent living.

Information solicited from the child and parents should include: (1) ability to relate to peers, (2) things child does well and enjoys, (3) concerns and fears, (4) things child and parents are looking for from a summer at camp, (5) child's adjustment to new situations, (6) how child feels about his handicap, (7) special assistance required in dressing, toileting, making bed, eating, medical attention required, ability to move around, special equipment required, and (8) special handling of behavior disorders.

One of our criteria for accepting a child is the likelihood of his eventual integration into the nonhandicapped community. We question whether the effort involved in accommodating a severely handicapped youngster equates the benefits gained. However, in serving the moderately to minimally handicapped, the ability of the child to cope with a nonhandicapped setting is not dependent upon the type of handicap, but rather upon the degree of socialization the child has achieved. Some important points to consider are: has the child spent some time in a special class, clinic, camp wherein he has received remedial or rehabilitative treatment, learned to handle himself, cope with and *accept* his *disability*? Is his primary need at this point a setting in which he will receive intensive therapy, or one wherein he can undergo a social experience? If the former is the case, he should attend a special camp.

Staff and Program Must be Flexible

There is often concern on the part of the director about the adequacy of his physical plant, if he is to accept handicapped youngsters. It has been found that facilitates meeting American Camping Association standards suitable for nonhandicapped children are sufficient for those with a disability, provided leniency and extra time to move from place to place are allowed.

The suitability of a camp for the integration of handicapped children will not be as dependent upon program orientation as upon maturity of staff and flexibility of programming. However, specific program orientations tend to lend themselves more effectively to specific handicaps. In other words, the orthopedically handicapped might be unable to cope with a work camp, but its program conceivably could be enjoyed by the deaf, learning disabled, emotionally disturbed, and educable mentally retarded. A group centered camp generally is well suited to the integration of exceptional and handicapped children, since there is close supervision of staff and campers and the child is under the continuous care of his cabin counselor. Within such an approach, competition is generally minimized and allowances are made for the pursuit of individual interests as well as cabin centered activities. In brief, staff-camper ratio, a noncompetitive atmosphere, and the willingness of the staff to provide alternative programming and handling are vital requisites for a successful experience.

The supervisory staff of the camp should be prepared to provide the counselor with sufficient information concerning the child's care before the season and be accessible for extra direction and support throughout the summer. Sending agencies can play a valuable role in providing ongoing advice to the camp and counselor for the duration of summer. Camp directors can educate agencies to the importance of this role by requesting specific assistance from them.

Discretion should be used in supplying information to the counselor. He needs to know the specifics wherein his handling of the camper will differ from the care of a nonhandicapped child. The counselor need not be overburdened with technical terminology or extensive material on the etiology of the handicap.

Special children have needs, likes, dislikes, fears and hopes as do their nonhandicapped counterparts. However, their differentness is rarely limited specifically to their handicap. They reflect their parents' reaction to their disability, the attitude of the community to them, and their own feelings about their handicap.

The camper should be encouraged to try new, acceptable modes of behavior, be self-sufficient, use initiative and effort. He should be given responsibilities and activities in which he can achieve success. He can be helped to learn to live with himself and develolp a philosophy of life. An exceptional camper will often hover on the periphery of the group, and extra effort may be required to make him a functioning member of the larger group. Camping is a relaxed, unhurried, uncomplicated, but structured and organized living situation. It offers the child an opportunity to experience realities of nature, contrasted to the abstracts he encounters in school. This in itself can be of great therapeutic and educational value to the special child.

Since many directors are not willing to accept such campers into their camps, those who are become overwhelmed with applications from special children. Their camps threaten to adopt the characteristics of a "special" setting which negates the original purposes. Therefore, it is imperative that every director survey his situation with the thought of making these children an integral part of the normal camp setting.

Tree Climbing Handicapped Find "Perch" Exciting

Christopher C. Roland and Mark Havens

CAMPING MAGAZINE/JANUARY 1982

The word "trust" is defined in *Webster's New World Dictionary* as "a firm belief or confidence in the honesty, integrity, reliability, justice, etc., of another person or thing." Let's see if you could pass this test of trust:

Imagine you have cerebral palsy (a disorder of the central nervous system), leaving you with minimal control of your body. Although your mind functions clearly, your only means of communication is a distorted but distinct smile for "yes" and a different yet also distinct gesture for "no." Your world is one that is difficult to describe, one that only an individual with cerebral palsy can really understand. Yet, this world is largely composed of relying on able-bodied people to help with the activities of daily living, such as dressing, bathing, eating, and washing. Activities which able-bodied people take for granted are a tremendous hardship for severely disabled individuals. Putting on a sock, for example, might take up to an hour to accomplish—but such is the sacrifice for an opportunity for a bit of independence. Many activities are simply not even considered; "impossible for the physically disabled to accomplish" is typically a realistic statement.

But today you are going to attempt one such activity that is rarely done, let alone conceptualized: climbing a tree. You are at summer camp in New Hampshire. It is a beautiful, sunny, and breezy day. You notice the boughs of the white pine trees swaying—your interest is more keen for soon you will be visiting those same boughs by transferring from your wheelchair to a platform thirty feet above the ground by means of a system of ropes and pullies. But first there must be a few safety precautions implemented.

A counselor is strapping you into a "swiss seat," a mountaineering harness made from strong nylon webbing. A similar harness is put on to secure your trunk. The counselor now snaps on two carabiners (safety pin-shaped pieces of aluminum) to your new support system in which two 100-foot-long ropes are attached. One of these ropes ascends thirty feet through a double carabiner anchor and back to the safety person (the belayer) who is standing on the ground. The second rope also ascends thirty feet but wraps around a pully, then descends to the ground where other counselors hold it firmly. When both ropes are secure, and the counselors are ready, and most importantly *you* are ready, the adventure begins.

The belayer tightens the slack on the rope, giving you the reassuring feeling of protection. The counselors begin hoisting you out of your wheelchair in short, even pulls. Other counselors are guiding your body, so that your ascent will begin smoothly. You look up—and there is the bottom of the platform waiting for you, surrounded by the swaying pine boughs. You are now halfway up, and realize there is no turning back—your yes/no signal is out of sight. You are spread-eagled with nothing to do but trust the counselors below and the one counselor above, who is anxiously awaiting your arrival.

Your eyes are now at platform level, a platform that looks much larger than it did from the ground. The counselor, as well as everyone down below, is cheering and encouraging you, saying, "Great climb—you're almost there—keep going!" One more easy pull on the hoisting rope allows your body to go above the platform, where the counselor gradually eases you onto the tree floor. You are safe, a bit tired, and just thrilled with your accomplishment. Your eyes open wide to take in the view, a view once reserved only for able-bodied tree-climbers. You marvel at the lake, at the tops of trees, at the small people peering up at you. What a different world from thirty feet! Your success cannot be fully appreciated by your able-bodied friends and counselors—but the warm feeling inside of everyone is enough reward. Now, just as you become comfortable, enjoying the gentle sway of the great white pine, your counselor pats you on your back and says it is time to begin your descent.

More than 125 severely disabled campers, ages eight to eighteen, passed this test of trust at Camp Allen, located in Bedford, New Hampshire. Their disabilities included muscular dystrophy, cerebral palsy, mental retardation, spinal bifida, rhumatoid arthritis, blindness, and deafness. For many, it was the most profound accomplishment of their lives. Whether to be or not to be hoisted was a major decision—and then came the most difficult task of controlling fear and putting their trust in numerous individuals, equipment, and

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techniques. Of course, one must trust him or herself, saying, "I want to do this," "I know I can do this," and "I *will* do this!"

The tree climb, at first an experimental activity, became one of the most successful activities at camp. As camper evaluations clearly pointed out, the tree climb was by far the most popular event at camp. It was more popular, in fact, than swimming and boating—previous favorites thought to be the most daring. Times are beginning to change.

Background

Camp Allen's tree climbing program, more commonly known as the "Perch Program," was originally conceptualized in 1977 in Derry, New Hampshire as part of Project TRAILS (Teaching Retarded Adolescents Independent Living Skills). There, the students took part in an outdoor/adventure program that included activities such as camping, outdoor cookery, canoeing, cross-country skiing, and snowshoeing. Near the end of the school year, a final individual initiative task was set up—a tree climb. All students were given the opportunity to climb as high in a tree as the safety rope allowed, about twenty-five feet. Some students decided not to try the climb, while others went halfway up, and still others went all the way. This activity received much enthusiasm—from teachers, parents, and the kids. Parents in particular were amazed at how far some of their children could climb. For many adults, it was the first time they saw the potential of the students—potential that we often underestimate.

The same group of students joined other students from similar special education programs at Camp Allen for a period of five days in May 1979. The same tree climb activity was implemented for all students, some of whom were physically disabled. One girl, who had limited use of her right arm, nevertheless proceeded to climb the tree without a hoist. Although she relied upon her left arm to do much of the work, she used her right arm more than ever before. Successes such as this motivated the camp director to hire a consultant who developed a tree perch program for the summer. Equipment was purchased, a platform was built, and the staff was trained. The actual implementation of the tree perch began almost immediately, with success story after success story being generated throughout the summer. There was no question that this part of summer camp proved to be a most valuable means in which campers and staff learned about trust and human potential.

The success of this relatively simplistic program can be attributed to a concomitance of three critical factors. First, there was total support and continual enthusiasm for the program, especially from the director. He gladly answered the multitude of questions that were asked from numerous individuals. One such question concerned the safety of the program. Although at first seeing a person being hoisted into a tree may seem dangerous, the actual statistics relay a different impression. Kylloe (1981) has estimated that 4,000 individuals have participated in 104,000 days of similar adventure programming with only a few minor injuries such as sprains and scratches. This can be compared to the literally thousands of accidents—some severe enough to paralyze—that occur each year during traditional physical education programming (Edwards & Rackages, 1976).

The second factor involving the successful Tree Perch program is the dedication of the staff—especially the staff who were directly involved with the tree climb. One staff member, his third year at the camp, was responsible for the overall management of the program, including the setting up of the climb everyday, supervising belayers and hoisters, and conducting training throughout the summer. The dedication of this individual cannot be overshadowed. Some days he spent more than fourteen hours at the site with only a few minutes between climbers in which to rest or enjoy some food and drink. When asked "why?" he simply remarked, "It was definitely worth it. Just think, most of these campers have never been in a tree before, and to see their faces when they reach that platform—well, it's indescribable."

The third factor, which already has been touched upon, is the safety of the program. Each counselor who wanted to work at the tree climb had to first complete an exhaustive training program where knots were learned, emergency procedures were practiced, and counseling skills were enhanced. The equipment used was the same that is typically used on mountaineering expeditions. It is by far the strongest equipment available. For example, the carabiners that were used can withstand over 4,000 pounds of pressure at any one time. The anchor in which the carabiners were attached was also the strongest possible: 5/8-inch galvanized aircraft cable—rated at 14,4000 pounds.

The Tree Perch program, with its emphasis on training and safety and its exciting effect on campers, has begun to spread from its humble beginnings in New Hampshire. Presently, tree climbs have been constructed and staffs trained at the Bradford Woods Outdoor Education Center in Martinsville, Indiana; at Camp Millouse in South Bend, Indiana; and at the Indiana Stress Challenge Recreation, Inc., in Indianapolis, Indiana. Additionally, a perch is under construction at the Vinland National Center in Loretto, Minnesota.

The need to give individuals with disabilities a little extra room in which to explore, experiment, and take on controlled risks is imperative. Observers gazing at the incredible sight of a multiply-handicapped camper actually "climbing" a tree may at first shake their heads in disbelief, but after a short period these same observers will have learned some important lessons. One lesson that cannot be ignored is that of individual rights. Unless we give the right to people with disabilities to participate in such a simple yet meaningful activity, then their other human rights will seldom, if ever, be understood and thus acknowledged.

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Winter Camping for the Handicapped

Frank Robinson

CAMPING MAGAZINE/JANUARY 1982

For many years summer camping for retarded and physically disabled children has been extremely popular with day camps predominantly operated by municipalities, resident camps sponsored by health agencies, and many other camping programs. These handicapped children rarely, if ever, have the same opportunity to participate in outdoor winter sports activities which are enjoyed by most able-bodied children. Winter activity is considered taboo and unsafe for disabled and retarded children, and the sponsorship of such programs is almost nonexistent. Leisure hours for mobility-impaired children during the long winter months are largely spent secluded within the confines of their homes or institutional walls. A disabled child's life becomes dominated by boredom as he becomes a life spectator rather than an active participant. Winter camping can energize this unfortunate situation while benefiting all parties concerned. For the past three winters, during the public school vacation period in February, therapeutic recreation students and faculty in the Recreation and Leisure Studies Department at Northeastern University (NU) in Boston have conducted a winter camping program. With the financial support of local health agencies, a three-day winter camp was established at NU's Warren Center for physical education and recreation located in Ashland, Massachusetts. This experience has revealed that directors and operators of camps can benefit from this type of venture with no direct expense involved. A winterized building, preferably with fireplace, space for campers and staff to "crash out" with sleeping bags, access to bathrooms, food service, and some winter equipment such as discs, sleds, toboggans, skis, and a snowmobile are needed. Most equipment can be borrowed or brought by the participants. If you are interested in exploring this idea, the following plan should be helpful.

Facility and Equipment

Determine the facility and equipment needs that you can provide. Accessibility may be lacking for wheelchairs and the addition of temporary ramps would be helpful. With proper lifting techniques and enough counselors any barrier can be overcome during a short period of time.

Help from Agencies

Contact a local health agency such as the Easter Seal Society, Cerebral Palsy Association, or Retarded Citizens Association and ask for their cooperation in recruiting, insuring, and transporting the handicapped children. One health agency staff member should act as a liaison person between camp and agency. This person should also conduct a training and orientation session for the staff if they are not familiar with the limitations of the children and how to accommodate their needs such as lifting, toileting, feeding, dressing, communicating, and working with them in programs.

Staff

Consider asking your summer staff who may be local and/or local college students in the fields of health, recreation, or physical education to serve as volunteer counselors. With approval from faculty the students can plan, organize, and conduct the two or three-day winter camp as a class project. It is an excellent hands-on experience for them. Counselors should be assigned as helpers or buddies thereby gaining valuable experience in meeting the daily health care and program needs of the child. A qualified nurse who enjoys children and outdoor life is vital to the program.

Transportation is required for emergencies and program expansion. For example, if the ice at your waterfront is not safe for skating, the children can be transported by van to a local ice-skating rink. A mature skater pushing a wheelchair on ice can provide many thrills to the sitting disabled child. The wheelchair stabilizes the balance of the pusher and the chair is not likely to tip over on the smooth surface. Precautions include strapping the rider to his wheelchair and "driving" safely. Ambulatory children can participate to the extent of their capacity with the necessary physical and emotional support.

Program

Programming at the campsite consists of the usual outdoor winter activities including snowball fights, tobogganing, snow sculpting, building forts, and other outdoor fun. Evening campfire, stories, and the sounds of voices and guitars conclude an enjoyable day.

The 1980 program at the Warren Center consisted of a half day at the beginning to allow for traveling, two full days of activity, and then another half day to conclude activities before camper pickup. The first half day was spent settling in, with getting acquainted games and camper planning of activities with staff. After dinner a student initiation ceremony planned in good humor by a few older campers and veteran staff brought much laughter and relaxation. Opening campfire with songs and stories concluded the evening.

The next two days consisted of tobogganing, sledding, and snowmobile rides in the mornings with ice-skating and snow play in the afternoons. It is necessary to be prepared for inclement weather, and the indoor rink, bowling alley, movie theater, disco dancing establishment, or other local resources should be considered. In programming with the handicapped it is necessary to plan ahead and motivate the group so that a snowball fight can be the "Battle of the Sexes" with plans to include everyone as a participant. During the evenings, in addition to the campfire program and singing, ghost stories and a pizza party are always popular. One

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evening we had an excellent zoomobile demonstration at camp geared to group interests. The final morning was devoted to quiet games, tournaments, cabin cleanup, and individual awards which were largely of the humorous variety, geared to camper contributions during winter camp.

It is suggested that twelve to fifteen physically disabled or retarded children and/or young adults and almost an equal number of staff is an ideal program size. For three days the estimated costs for payment of the nurse, food, utilities, and transportation is roughly $700 to $900. Camper fees and donations from health agencies and social, civic, or fraternal organizations will underwrite these costs. The camp does not derive financial renumeration in this effort but performs a valuable community service while generating latent benefits to staff and agency camps.

See the chart that follows for a list of energizing values involved in winter camping for the disabled. Do not let your campsite sit dormant this winter.

Energizing Values of Winter Camping

For handicapped children:

—Exposure to outdoor winter sports activities

—An opportunity to develop social relationships and friendships with able-bodied young adults

—Develop motivation to become more independent in the outdoor environment

—An increase in self-worth, self-esteem, and confidence through participation in winter activity

—To provide a break from the monotony of indoor confinement and parent

For counselors and students:

—Exposure to children with retardation or physically disabling conditions

—An opportunity to learn about self by developing the ability to meet the health care and personal needs of handicapped children

—Exposure to a career field which can later be pursued

For camp directors and operators:

—Increased use of facility on a year-round basis

—Exposure of staff members to special children

—Opportunity for cooperative involvement with local health agencies

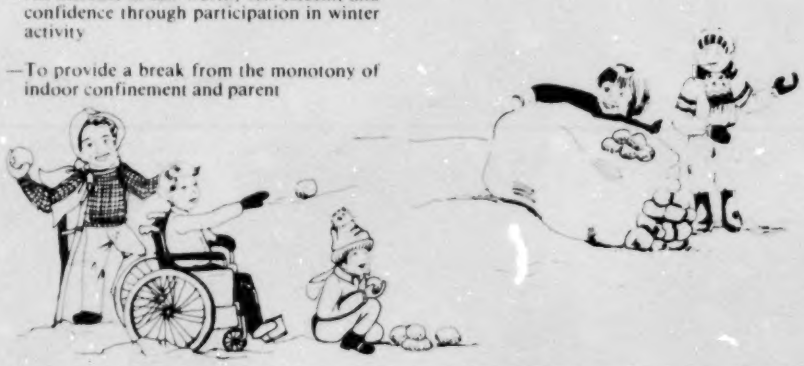
—Generation of favorable publicity and good community image

—An opportunity to help meet the needs of parents of the handicapped as well as their handicapped child

—An opportunity to identify possible staff recruitment sources and observe new potential staff members in action

—Stimulation to consider development of campsite for additional year-round functioning

—Compliance with the law, Section 504 of the Rehabilitation Acts of 1973 relative to accessibility and accommodations of the handicapped



Handicapped Campers Also Can Play the Games

John Doolittle

CAMPING MAGAZINE/JUNE 1980

As a result of federal legislation and changing concepts about the growth and development of handicapped children, more is heard about "mainstreaming": placing these children into less restrictive environments so they may learn with other children their own age in a normal school setting. While this concept has received considerable attention in public schools, mainstreaming goes beyond the classroom, extending into vocational and recreational programs as well.

Without a doubt, mainstreaming has precipitated some controversy and many agencies have found themselves ill-equipped to cope with the special needs of disabled persons. Changes in architecture as well as management have been required to accommodate these persons. There are some who argue that entire programs will eventually become watered down when standards are lowered to meet the ability levels of a few handicapped persons involved in the program. While this could happen, it need not.

Camps are a case in point. Considering the wide range of activities that most camps make available to campers, it seems as though there would be things that handicapped campers could participate in that would require little, if any, modification. There appears to be little reason why camps cannot maintain their high standards while providing a variety of activities that can be challenging to all campers, including those who are handicapped. Often the ability and determination of handicapped youngsters is underestimated.

It is unlikely that camp offices will be flooded with applications from persons who are severely disabled, because factors such as location, topography, weather, cost, facilities, or special interests can discourage some handicapped persons from considering certain camps. It is unlikely, for example, that a young person who cannot walk would choose to attend a camp that features rugged outdoor activities. There is,

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however, the possibility of some handicapped persons attending certain camps that have traditionally served able-bodied campers. As these pioneers find enjoyment and success, others are apt to join their ranks. Once these campers are settled into camp, the program staff will be faced with the classic problem associated with mainstreaming: how to integrate these young people with the other campers in traditional camp activities. Although the suggestions which follow will address only one aspect of typical camp programming, games and similar motor activity, the guidelines may help in planning other camp activities as well.

Guidelines for Integrating

Because of the wide range of abilities, or disabilities, among children diagnosed as having similar physical, sensory, emotional, or intellectual problems, it is unwise to take a cookbook approach to planning games and activities for the handicapped. One cannot provide lists of activities specifically for the cerebral palsied, or the mentally retarded, or for amputees. However, some guidelines can be provided that may help program staff to integrate disabled campers with other campers.

First consider some factors that can influence the camp staff's relations with the new handicapped camper:

1. Those campers who have been disabled for a period of time have already developed adaptations that allow them to participate in certain physical activities. Allow these campers to proceed at their own degree of involvement until it is noticed that they are having difficulty; then suggest possible alternatives that can help them. In most instances, these modifications should be worked out jointly between the counselor and the camper.
2. Disabled campers may be a bit fearful of new experiences; therefore, first get them involved in activities that are familiar to them. This will give them time to gain confidence in themselves, the staff, and their fellow campers. The hesitant camper may be happy watching or serving as an official until he/she feels ready to become more actively involved. If they seem to hang back, keep in mind that these campers must often work twice as hard to achieve the same level of success as their peers.
3. Modifications of games should focus on the camper's abilities rather than his disabilities. As the camper's level of skill improves, early adaptations may be modified or even discarded.
4. Modifications of game rules should not be discouraged as long as they reflect the needs and desires of the participants.
5. Finally, when modifying a game for a disabled camper, try not to change it to such a degree that the other participants feel it is no longer a game that they had intended to play. This only calls attention to the disabled camper as being special rather than being another player.

Now consider some specific ways to accommodate disabled campers in games with more able children:

1. Reduce the range of the game by shortening the playing time, the distance that the ball or other objects of play will travel, and the distance that must be traveled by the participants. This can be accomplished in several ways:
   - —Reduce the size of the play area by playing on only half a basketball court, or by using the width of a football, soccer, or hockey field as the length of your area of play. Also, the distance to bases and goals can be decreased.
   - —Lower the net in net games or the hoop in basketball.
   - —Increase the number of players on the team so each player has less area to be responsible for.
   - —Have them play net games through a hoop that is suspended from the ceiling or mounted on a stand, since this narrows the playing area and often neutralizes smash shots.
   - —Use soft, lightweight balls that will not travel as far when hit, kicked, punched, or thrown. To accomplish this, decrease the air pressure in the ball or use Wiffleballs, Nerfballs, and Fleeceballs that have a limited range.
   - —Attach a cord (tether) to a ball to limit the distance that it will travel. One very challenging game that requires a minimum of movement is tetherball played with a tennis ball attached to a cord that is hit with racketball rackets.
   - —Introduce changes in the rules or in the playing techniques that will reduce the amount of force that players can use on the ball or other equipment. Players could, for example, be limited to one step before kicking the ball or could be required to punch the ball with their fists rather than kicking it.
   - —Reduce the time periods of the game or the number of points that are needed to complete a game.
2. Another way to accommodate less able campers is to give the players equipment that can be handled with relative ease. Easy-to-manage equipment like the following can make play possible for a camper who is missing an arm, or one who is a hemiplegic or quadraplegic:
   - —Lightweight plastic bats, balls, rackets, and frisbees can usually be manipulated with one hand.
   - —Large, partially-inflated beachballs are effective with youngsters who have motor or visual difficulties. These balls are easy to grasp and hold in two hands because of their size and softness.
   - —Soft Fleeceballs or yarnballs can often be gripped by persons with cerebral palsy or hemiplagia because their fingers sink into the ball. Because these balls do not travel far when hit, they are good for rainy-day indoor games.
   - —Equipment fitted with special handles, such as a bowling ball with a spring-loaded retractable handle, will make participation simpler for some campers. Rackets, fishing poles, and similar equipment can even be strapped or taped to a camper's hand if necessary.
3. The handicapped camper can be aided further if the speed of the game is reduced. There are a number of ways to do this:
   - —Use large, lightweight balls that move at a slower rate of speed than smaller, firmer balls. A large beachball, for example, will move more slowly than a volleyball. A large plastic garbage bag filled with balloons makes a good slow-motion volleyball
   - —Decrease the air pressure in a ball so it will move more slowly. This is a good practice when using balls indoors because it also reduces the rebounding effect.
   - —Play soccer or hockey-type games on grassy playing fields so that the tall grass will slow the ball's movement.
   - —Introduce into the rules or the playing techniques changes that will reduce the speed of the participants or the ball. For example, players could be required to walk or skip rather than run and could be told to throw using an underhand delivery. A camper with movement problems might have a chance for a single if the ball is rolled to first base or thrown to several other players before being thrown to first base.
4. One more way to help the less able-bodied camper in the group is to use special devices that will do one or more of the following: stabilize the participant, or the equipment used to play; increase the reach of the participant, align the participant with the target, goal, or boundaries; or impart some force or momentum into the equipment used to

play. Examples of these devices are:

—A photographer's tripod or a sling suspended from the branch of a tree can serve as a cradle or support rifles or crossbows. Use of the crossbow instead of a bow allows the weakened or neurologically impaired camper to participate in archery.

—Special sleeves or terminals that can slip over the stump of an amputated hand or attached to a prosthesis can help with gripping, supporting, releasing, or activating equipment used in the game.

—Spring-loaded pool cues will allow the amputee or the hemiplegic camper to shoot pool.

—Special pushers or chutes allow a camper in a wheelchair to bowl. These, along with the special pool cues and bowling balls, can be purchased from several sporting goods companies.

—A batting tee can support the ball for a handicapped baseball player.

—Portable, lightweight guide rails can assist blind bowlers. These can be folded to fit into a car or van and can be set up quickly in bowling lanes. Guide ropes can also direct blind campers to targets and goals or align them in races.

—Sound devices behind goals, in balls, or at the end of a swimming pool can assist blind campers in playing games.

—Different floor or ground textures can be useful to mark boundaries for blind campers. Mats placed end to end, ropes, paths, and grass all provide these campers with direction and a sense of the limits of the playing area by changing the kind of surface they feel underfoot.

5. One final suggestion recognizes the fact that disabled campers will often tire more rapidly than other campers because of their low tolerance for exertion. A breather can be provided for these campers in several ways:
   —Encourage free substitution so participants are constantly moving in and out of the game.
   —Rotate players from active playing positions to less active positions in the game.
   —Call time-outs frequently to discuss rules or team strategy.
   —Provide quiet table games on the sidelines that are similar to the game being played on the field. While the campers are resting, they can continue their game on the table. Possibilities include games such as Nok Hockey, Box Soccer, Skittles, darts, or any of the electric or electronic games that are available today.

Getting handicapped campers into games and traditional camping activities presents quite a challenge to counselors and staff. Since the camper may be in camp only for a short time, signs of success may be slow. Although the slow rate of progress may discourage the counselors, the effort is worthwhile for the camper's sake. Little by little, the youngster may develop greater independence as well as broaden his or her range of recreational interests and skills. Because of its potential for teaching these things, camping is a desirable experience for all persons, whether able-bodied or handicapped.

Resources of Interest to Camp Directors*

American Alliance for Health, Physical Education and Recreation. 1976. Involving impaired, disabled, and handicapped persons in regular camp programs. Washington, D.C.: American Alliance for Health, Physical Education and Recreation/Information and Research Center.

Presents rationale and basis for integrating camp programs, as well as practical approaches to integrated camping. It is a practical source book for persons considering integrating their camp program.

American Association for Health, Physical Education and Recreation. 1972. Anchor—answering the needs of children with handicaps through organized recreation. *Journ. of Health, Phys. Ed. and Rec.* 43 (January): 85-86. 85-86.

A six-week summer program for physically and emotionally handicapped children in Hempstead, New York, uses volunteer workers aged fourteen to eighteen to enhance social integration of the participants. Goals and program are described.

American Association for Health, Physical Education and Recreation. 1971. Camp Hidden Valley. *Journ. of Health, Phys. Ed. and Rec.* 42 (May): 73-74.

Camp Hidden Valley offers a three-week session in which equal numbers of disabled and nondisabled campers participate. There are no obvious program considerations for the disabled, only minor alterations in the camp design (ramps, etc.).

Barnett, Marian Weller. n.d. Handicapped girls and girl scouting: a guide for leaders. New York: Girl Scouts of America.

The merits of integrating handicapped girls with existing troops vs. the merits of forming their own troops are discussed. The author presents principles of adapting activities, especially camping, to meet needs of specific handicapping conditions.

Britten, Anthony F. H., Allen, Donald M., and Morse, Doreen. 1970. Hemophiliacs at summer camp. *Journ. of the AMA* 213 (August 3): 873.

Letter discusses a pilot study in which 15 hemophiliac boys attended a private boys' camp in Maine with boys without disabilities. Several campers were medically improved by the experience.

Burpee, Jane. 1974. Educational camping tours of western Canada, integrating handicapped and nonhandicapped teenagers. *Canadian Journ. of Occupational Therapists* 41 (Summer): 10.

A travel experience was provided to a group of handicapped and able-bodied teenagers whose opportunities to travel were limited by handicap or finances. Purposes of the trip were to provide a learning experience in Canadian geography; to integrate able-bodied and disabled in one group; to improve skills of camping, travel and self-help; and to provide an experience in group living.

Day, Hyam I., and Archer, Catherine M. L. 1975. The integration of trainable mentally retarded children into regular residential camps, summer 1975 Part 2: Evaluation; Recommendations. Toronto, Ontario, Canada: Ontario Association for the Mentally Retarded.

Evaluation results of a demonstration project on integration of TMR children into regular residential camps are presented. Methods, findings, and recommendations are included.

Dibner, Andrew S. 1973. Semi-integrated camping for the physically handicapped child. *Rehabilitation Psychology* 20 (Summer) 84-93.

Compared forty-five eight to sixteen-year-old disabled boys with a nondisabled gorup. Disabled showed greater gains in self-concept after a camping experience. Counselors who dealt mainly with normal children showed improved attitudes toward disabled individuals, while counselors who were assigned to disabled showed less positive attitudes at the end of the camping period. **Suggestions for training counselors are presented.**

Ford, Phyllis M. 1969. Two modern challenges for every camp director. *Camping Mag.* 41 (September/October): 18-19.

Discusses integration of the disadvantaged and physically handicapped in a camp program and how important the pre-camp training period is when dealing with these "special" children.

Goodwin, Henry E., and Gross, Elmer A. 1958. How handicapped campers can fit into regular programs. *Camping Mag.* 30 (December): 18-19.

The article describes the slight modifications needed for physically handicapped children to participate in a regular camp program.

*These resources appear in the annotated bibliography in *Camping and Environmental Education for Handicapped Children and Youth by Vinton et al. Hawkins and Associates, Inc. Washington, D.C. 1978.*

Hall, Nancy F., and Oliver, Jack D. 1973. Handicapped camper integration project. Lansing, Michigan: Easter Seal Society for Crippled Children and Adults, Inc., of Ingham County.

The integration of minimally to moderately handicapped children and youth into "normal" residential camping programs was evaluated by camp directors, counselors, and parents. Results indicated that the majority of handicapped children had successful experiences in peer group relationships in addition to enjoyment of the camping experience.

Kronick, Doreen. 1970. Making exceptional children a part of the summer camp scene: Camp directors can help handicapped children cope with real life by assuring success in the camp setting. *Canadian Camping* 22 (February): 22-24.

Presents a message to camp directors about integrating disabled and exceptional children into a normal camp. Also discusses how integration can be successfully accomplished.

Kronick, Doreen. 1967. The challenge of special children. *Camping Mag.* 39 (February): 17.

This is part of a series of articles on disturbed children. The author's view of integrating handicapped and non-handicapped children in camps is expressed.

Kronick, Doreen. 1972. You can make exceptional children part of your regular summer camp. *Camping Mag.* 44 (February): 14.

Methods for successfully integrating handicapped children into "normal" camps are discussed.

Lainoff, Harold M. 1969. EMR campers gain from regular camp. *Camping Mag.* 41 (February): 24.

The article provides a discussion of objectives and preparation for integrating EMR campers into the normal camp setting. Emphasis in training staff was placed on philosophy and purpose of integration, techniques of leading groups, and understanding mental retardation.

Miller, Arthur G. 1966. Physically handicapped in camp. *Camping Mag.* 38 (January): 26-28.

Guidelines for camp directors in selecting physically handicapped children who could be integrated into a regular camp are presented.

Ontario Association for the Mentally Retarded. 1975. The integration of trainable retarded children into regular residential camps, summer 1975. Part 1/ Planning, Implementation. Toronto, Ontario, Canada: Ontario Association for the Mentally Retarded.

Procedures involved in the planning and implementation of the Ontario Association for the Mentally Retarded's project on integration of TMR children into regular camps are outlined. Historical background, developmental steps, staff training, selection of campers, and recommendations for the final phase of the project are included.

Robinson, Frank M. 1967. New dimensions in camping for the physically handicapped. *Parks and Recreation* 2 (February): 21.

Nondisabled children were integrated with physically disabled children in a camp program. The effects of the experience are described.

Spear, Dorothy. 1959. Handicapped children can go to regular camp. *Camping Mag.* 31 (April): 31-34.

The integration of physically handicapped children with nonhandicapped children at agency camps for normal children is discussed. Steps toward placement of a child in a regular camp are outlined.

Wentworth, Samuel. 1973. What you should know about regular camping programs for diabetic children. *Camping Mag.* 45 (March): 44-45.

Diabetes is the most common metabolic disorder in the camping age group. There are several considerations in determining whether a diabetic child can attend a regular camp. These are discussed.

Additional Resources on the Handicapped

American Diabetes Association. *The Camper with Diabetes.* A brochure with guidelines for counselors. National Headquarters, 1 East 45th Street, New York, NY 10020.

Boy Scouts of America. *Scouting for the Physically Handicapped* and *Scouting for the Deaf.* Box 61030, Dallas/Ft. Worth Airport, TX 75261.

Christian Record Braille Foundation, Inc. *Camp Safety Guide.* Guidelines for National Camps for Blind Children.

Epilepsy Foundation of America. *The Child with Epilepsy at Camp.* A booklet with guidelines for counselors. Also available A Suggested Training Outline on Epilepsy for Camp Counselors. Epilepsy Foundation of America, 4351 Garden City Drive, Landover, MD 20785.

4-H Leader's Guide; *Let's Look at 4-H and Handicapped Youth.* Penn State University Cooperative Extension, University Park, PA.

HEW Publications for sale from: Supt. of Documents, U.S. Government Printing Office, Washington, D.C. 20402: D. HEW No. 79-22004-*Resource Guide: Recreation and Leisure for Handicapped.* D. HEW No. 017-090-00046-1. *Resource Guide: Architectural Barriers Removed.* D. HEW No. 79-22005-Selected Federal Publications Concerning the Handicapped Individual.

Kalamazoo Girl Scout Council. *More Alike than Different; Scouting for Girls with Handicaps.* Glowing Ember, 1011 W. Maple St., Kalamazoo, MI 49008.

Muscular Dystrophy Association. *This Is Patient Service Summer 1977.* Brochure on Camping. Also available MDA Guide to Lifting and Transferring Patients. Muscular Dystrophy Association, 810 Seventh Ave., New York, NY 10019.

Project Acquatics Mainstreaming and Mainstreaming Activities for Youth —Contact: Grace Reynolds, Box 698, Longview, WA 98632.

Other Suggested Readings

Axline, Virginia. *In Search of Self.* Boston. Houghton Mifflin Co., 1964.

Bowe, Frank and Sternberg, Martin. *I'm Deaf Too; Twelve Deaf Americans.* Silver Springs, MD National Association of the Deaf. 1973.

Clarke, Louise. *Can't Read, Can't Write, Can't Talk Too Good Either; How to Recognize and Overcome Dyslexia in Your Child.* Penguin Books, NY 1977.

Cohen, Martin E. *Best Wishes, Doc.* NY. Arthur Fields Books., Inc. 1974.

Craig, Eleanor. *P.S. You're Not Listening.* NY. Richard W. Baron. 1972.

Greenberg, Joanne. *In this Sign.* NY. Hold, Rinehart and Winston, 1971.

Herndon, James. *The Way It Spozed to Be.* NY. Simon and Schuster, 1968.

Labanowhich, S. and Hoessli, P. *Preparing Camp Counselors and Program Specialists.* Lexington, KY, University of KY, 1979.

Levy, Harold B. *Square Pegs, Round Holes: The Learning-Disabled Child in the Classroom and at Home.* Boston. Little Brown and Co., 1973.

Long, Kate. *Johnny Is Such a Bright Boy, What a Shame He's Retarded.* Houghton-Mifflin.

Melton, David. *When Children Need Help.* NY. Thomas Y. Crowell Co., 1972.

Murray, Dorothy Garst. *This Is Stevie's Story.* NY. Abingdon Press, 1976.

Out of the Silence: A Book for the Families of Hearing Handicapped Children. Sydney, Australia. Alella Books, 1970.

Rubin, Theodore, Isaac. *Lisa and David/Jordi.* NY. Ballantine Books, 1962.

Ulrich, Sharon. *Elizabeth.* Ann Arbor, MI. The University of Michigan Press, 1962.

Webster, Kenneth. *Yes They Can—A Practical Guide for Teaching the Adolescent Slow Learner.* Toronto Canada. Methuen Publications, 1974.

Suggested Audio-Visual Resources

Films

Camping and Recreation Facilities for the Handicapped. 16mm/20 min. Color/order #ESC-1715. Audio Visual Center, Indiana University, Bloomington, IN.

Camping and Recreation Programs for the Handicapped. 16mm/17 min. Color/order #ESC-1716. Audio Visual Center, Indiana University, Bloomington, IN.

To Lighten the Shadows. 16mm, color film. Devereaux Foundation, Director of Training, Devon, PA 19333.

Wonderland. 16 min. color film. United Cerebral Palsy Association of Missouri, P.O. Box 611, Columbia, MO 76205. Or call (314) 449-2934.

Therapeutic Camping. 16mm color film. Devereaux Foundation, Director of Training, Devon, PA 19333. Camping for emotionally disturbed adolescents in Maine that uses a multi-disciplinary approach to develop personal relations, overcome fears, and develop confidence.

Two Voices. A documentary film produced in 1978, specifically about the Minnesota Outward Bound School. It is 28 minutes in length and shows all facets of our year-round courses. Included are the basic philosophy of Outward Bound, students' impressions of the courses, and course methodology. It was filmed during actual courses at the school in Ely, Minnesota, and is one that viewers are sure to enjoy. Rental fee: $15 plus return postage and insurance fees.

Outward Bound and the Physically Disabled. A six-minute film that was made for public television to help in the mainstreaming of handicapped children into the public schools. It is a very powerful film, showing disabled students challenging the ropes course. The rental fee is $15, plus return postage and insurance fees. ($5 of the fee goes to the scholarship fund for disabled students and is therefore tax deductible.)

New Experiences for Mentally Retarded Children. 1958. Film Production Service, Virginia State Board of Education, Richmond, VA. A summer camping experience for several mentally retarded children is described.

The Toughest Barrier. A sensitive documentary which explores the interaction of four disabled individuals with society. They speak out against social attitudes which bar them from job opportunities, marriage, and normal social and sexual relations. Color. 25 min. 16mm film. Sale price, $350; rentals, $20; ISURF/Film Production Unit, Iowa State University, Ames, IA 50011.

Nicky, One of My Best Friends. 16mm. film. McGraw-Hill Films. For loan-free of charge. Resource Center for S.V. teachers, c/o Materials Center, Capital Plaza Tower, Dept. of Ed., Frankfort, KY 40601.

Feeling Free. Video Tape. Distributed by Handicapped Learner Materials Dist. Center. Indiana University, Audio Visual Center, Bloomington, IN 47405. 1979 (Free-Loan).

Films related to specific handicaps, available from the Audio Visual Center Indiana University 47405.

To Touch a Child	ESC-1172
The Auditorially-Handicapped Child, The Deaf	NE7-1974
Autism's Lonely Children	HS- 743
Cerebal Palsied Child	NET-1976
Challenge of the Gifted	ESC- 520
Crippled Child	NET-1975
Epileptic Child	NET-1978
Mentally Handicapped, Educable	NET-1970
Mentally Handicapped, Trainable	NET-1971
Socially Maladjusted Child	NET-1981
Speech Disorders	NET-1979
Visually Handicapped Child	NET-1973 & 1972

What Do You Do When You See a Blind Person? Humorous insights with the misconceptions society has about the blind. Correction of these problems shown by professional actors. Color, 14 min. 16mm film. Rental, $8, 1-2 days; $11.50, 3-5 days. Academic Support Center, Materials Scheduling, 505 East Stewart Rd., Columbia, MO 65211.

Like Other People. A controversial British film on the legal, sexual, and moral rights of the disabled. Color. 40 min. 16mm. Rental, $8, 1-2 days; $11.50 3-5 days. Academic Support Center, Materials Scheduling, 505 E. Stewart Rd., Columbia, MO 65211.

Blind Sunday. Lee, a bright, vivacious, self-sufficient high school student who has always been blind, meets a new friend (Jeff) at the community swimming pool. The friendship starts awkwardly as Jeff continues to misjudge Lee's capabilities. Finally, after embarrassing Lee and frustrating himself, Jeff becomes temporarily blind to learn about Lee's world. 16mm. Color. Sound, 31 min. Time-Life Films, 100 Eisenhower Dr., Paramus, NJ 07652.

Scenes to Remember. Excerpts from leading motion pictures such as "Johnny Belinda" and "The Best Years of Our Lives" showing the abilities of handicapped persons. 13 min. Black and White. The President's Committee on Employment of the Handicapped, 1111-20th St., N.W.; Room 600, Washington, D.C. 20036.

Nicky, One of My Best Friends. Nicky is blind and has cerebral palsy, but has been successfuly mainstreamed into a regular fifth grade classroom at a suburban New York Public School. A/V Division, McGraw Hill International Book Co., 1221 Avenue of the Americas, New York, NY 10020.

Sound the Trumpets. A fine film on architectural barriers. 22 min. Color. Minnesota Society for Crippled Children and Adults, 3915 Golden Valley Rd., Golden Valley, MN 55422.

The following films and video cassettes are available for rent from the Academic Support Center, Film Library Scheduling, 505 East Stewart Road, Columbia, MO 65211. Phone: (314) 882-3601).

Canadian Summer. No. 12-1415. Normalization of mentally retarded youth through outdoor recreation participation is depicted in this Canadian film. Color, 23 min., 16mm, 1972.

Cast No Shadow. No. 12-1413. This film describes Janet Pomeroy's Community Recreation Program for the handicapped in San Francisco, California. Color, 28 min. 16mm., 1969.

Community Recreation for Special Populations Part 1. No. 16-9069. Problems in starting community recreation for the handicapped and attitudes of the public are discussed by leaders in this movement in three metropolitan cities. Color, 30 min., V/Cassette, 1975.

Community Recreation for Special Populations Part 2. No. 16-9068. Architectural barriers, legislation, public relations and administration are topics discussed by Janet Pomeroy, Helen Jo Hillman, and George Wilson. Color, 30 min., V/Cassette, 1975.

Consumer Conference (Outdoor Recreation for Special Populations) No. 16-9186. Highlights of a Consumer Conference on Outdoor Recreation for the Handicapped and Aging. Presents handicappers of different disabilities discussing problems in outdoor recreation utilization. B/W, 50 min., V/Cassette, Finalist, 1977.

Families Play to Grow. No. 04-9027. A slide-tape presentation describing a new mentally retarded program in recreation and physical activities developed by the Joseph P. Kennedy, Jr. Foundation. Color, 15 min., 69 slides, S/Cassette, 1974.

Focus on Ability. No. 12-0763. A poignant and practical film designed to give instructors in swimming for the handicapped a sense of basic techniques, sensitivity and understanding in dealing with orthopedic, mental, emotional and sensory disabilities. Color, 22 min., 16mm, Finalist, 1976.

Physical Activities with Mentally Retarded Children. No. 16-9063. Dr. Julian Stein shows several methods of working with a group of adolescent mentally retarded in physical education activities. Color, 60 min., V/Cassette, 1974.

Special Olympics. No. 12-0754. A professionally produced documentary of the Special Olympics sports training and athletic competition for the mentally retarded. Excellent overview of participation and resulting effects of involvement. Color, 25 min., 16mm., 1976.

The Surest Test. No. 04-2140. Architectural barriers to participation in today's society by the disabled are shown in this brief film. Color, 15 min., 16mm., 1973.

Filmstrips, Slides and Tapes

A World of Difference. Filmstrip available from National Girl Scout Office. Girl Scouts of U.S.A., 830 Third Ave., New York, NY 10022.

Outdoor Recreation Facilities for the Handicapped. Color, 10 min. S/Tape. 80 slides. Academic Support Center, Materials Scheduling, 505 E. Stewart Rd., Columbia, MO 65211. A presentation of a summer camp for disabled children. Shows the adoption of facilities necessary to make all activities accessible.

A Place in the Sun. 15 min. Color. Slide/Tape. An overall view of Camp Soroptimist, a camp for the handicapped in Fort Worth, TX.

Mainstreaming Versus Special Camps. Project STRETCH. American Camping Association, Bradford Woods, Martinsville, IN 46151.

Handicapping Conditions and Their Implication for Camp. Project STRETCH. American Camping Association, Bradford Woods, Martinsville, IN 46151.

Just Like Me. A slide/tape presentation on the right of the disabled to recreation services. Focuses on ability rather than disability; barriers, both architectural and attitudinal; integration and volunteerism. 10 min.

Video Cassettes

One of the most recent accessions to be made available for loan from the HLMDC Library is a series of 3/4-inch video cassettes entitled Feeling Free. The series is comprised of half-hour programs designed to provide children with an understanding of their handicapped peers. Produced by the Workshop on Children's Awareness, a division of the American Institutes for Research. It was produced with funds from the Bureau of Education for the Handicapped, and the Office of Career Education, U.S. Dept. of Health, Education, and Welfare. Available for purchase in video and 16mm. film from Scholastic Films. 904 Sylvan Avenue, Englewood Cliffs, NJ 07632. The tapes available from HLMDC are in a segmented-type format; that is, rather than one tape focusing in on a specific handicap, each tape is divided into segments of differing format and content. NOTE: The second number must be used if you desire the captioned version.

Feeling Free #101. Videotape Cassette. 30 min. Color 3/4-inch. Noncaptioned, IV050064—Captioned, IV050073. Close-up: Hollis (Cerebral palsy) plays air hockey with a friend, makes dinner for his family, and practices yoga with his friend. Shows Hollis walking around his neighborhood while he discusses his difficulties in being handicapped.

Feeling Free #102. Videotape Cassette. 30 min. Color 3/4 inch. Noncaptioned, IV050065—Captioned, IV050074. Close-up: Features John (dyslexia) as he engages in his favorite hobby, rock climbing. His teacher asks him to read a story that he has written about one of his rock climbing adventures. John has trouble reading the story. He explains that for a long time he had a very low self-concept until he realized that everyone has problems with specific skills. He has difficulty with reading.

Suggested Simulation Exercises

These exercises have been used successfully by the Boy Scouts of America, Camp Fire, and the American Camping Association.

Camping for Scouts with Handicaps

The following activity appears in the *National Camping School for Boys Scout Employees: Instructor's Guide for 5-Day School.* No. 12006: Boy Scouts of America: Ft. Worth, Texas.

Learning Objectives

At the end of this session, each participant should be able to:

—State from personal experience some of the problems encountered by Scouts who are handicapped in camp.
—List the types of handicapping conditions likely to be encountered in their camp and state how the camp program can accommodate Scouts with these problems.
—Demonstrate an understanding that differences are not great between handicapped Scouts and all other Scouts.
—List the architectural barriers that exist in their camp and the attitude and program barriers that may be encountered.
—Administer the advancement program for Scouts with handicaps.

Materials Needed

Involving Handicapped Scouts, No 6557.
Scout or camp neckerchief brought by each participant.

Preparation

This session begins with a handicapped awareness experience beginning at the conclusion of the evening flag ceremony. If no ceremony is held, a brief gathering should be scheduled to prepare for the experience.

Each participant is asked to bring a Scout or camp neckerchief to the flag ceremony. Half of the participants will be blindfolded with a neckerchief, half will have their dominant wrist tied behind their back to their belt.

Thus handicapped, the "blind" and "one-armed" pair up, enter the dining hall, and proceed with the evening meal in as normal a manner as possible. Table waiters will be the only members of patrols without "handicaps."

About ten minutes into the meal, the "handicaps" can be removed and the supper continued in a normal manner.

What Was It Like?

Ask the participants to discuss briefly what it was like to be "handicapped" during their brief experience. There was a lot of laughter and joking because the group knew it was not for real. But what if it *had* been for real? What if the blindfolded had a permanent sight disability? What if the "one-armed" had to go through the rest of their lives with their dominant arm missing or immobilized? Discuss it for a few moments at each table.

Accommodation Is Needed

The fact of a physical handicap must be acknowledged and some accommodation is needed to provide a full program for physically handicapped Scouts. Point out the following barriers that should be considered:

—Architectural barriers. These prevent the handicapped Scout from getting to where he wants to be. These involve stairs, the way doors swing, design of showers and latrines, height of drinking fountains, the grade of trails, and access to areas. A survey of the camp will reveal many barriers that can easily be removed. A teacher of the handicapped, physical therapist, parent of a handicapped Scout, or members of organizations for the handicapped will be delighted to assist in help with a survey.

—Program barriers. It is obvious that some programs in camp cannot be available to the physically handicapped. Do not believe it! If the Scout can get to the program he will find a way to participate somehow. Caution may be needed to prevent him from endangering or overextending himself, but encourage him to try. If architectural barriers are removed, program barriers often take care of themselves with a little patience and understanding.

—Attitude barriers. These are the most difficult to overcome. "I don't want a bunch of crippled kids messing up my program!" doesn't mean that the staff member is heartless. He is probably trying to cover his feelings of inadequacy or sympathy under a hard-nosed bluster. Some people find it difficult to relate to the handicapped. They do not like to see or think about such things. Counseling may help. If not, quietly substitute a more empathetic individual—and do not blame the staff member.

—Advancement barriers. With the publication of the ninth edition of *The Official Boy Scout Handbook*, most of the advancement barriers likely to be encountered in camp

have been overcome with reasonable alternatives that achieve the same result.

Challenge

Point out that a real opportunity exists in every council to include handicapped Scouts in summer camp programs. Every district probably has handicapped Scouts whose leaders and parents do not realize that they *can* enjoy summer camp. Get the camp ready to receive them and make it a personal mission to invite them. Watching these Scouts in action will do wonderful things for the campers, leaders, and camp staff.

What Was Learned?

Point out some things that might have been learned during the brief experience:

—Sometimes the handicapped must be dependent on others—and they do not like this.
—It is frustrating not to be able to do what you want to. Do you get angry?
—Some thought it was funny or a silly thing to do—it is not funny or silly to be handicapped.
—Did you learn to cooperate? How did the blind find their food? How did the one-armed cut meat or butter bread? How did the blind find their place at the table.

Types of Handicaps

Point out that there are three broad types of handicaps:

—Physical handicaps (blind, paralysis, loss of limb, palsied, deaf usually accompanied by severe speech impairment, etc.)
—Mental retardation (mongolism, brain damage, injury, or illness, etc.)
—Emotionally handicapped (hyperactive, autistic, emotional illness, etc.)

Each type of handicap has its problems. Some are misleading. The uninformed often assume that the physically handicapped are automatically retarded. This is seldom true. The physical handicap may result in depression and other emotional problems but these are byproducts of the situation.

Handicapped Scouts in Camp

Most Scouts attending camp with their community troops will have a purely physical problem. Retarded or emotionally disturbed Scouts will usually attend camp with trained professional personnel in leadership positions. So it is the physically handicapped that most often will concern the camp staff.

Point out to the participants that when they lost their sight or the use of their arm they did not lose their intellect, memory, or coordination. They were exactly as they were before except they had lost a physical function. The same applies to most physically handicapped Scouts. They are more like other boys than they are different.

Scouting is committed to mainstreaming the handicapped. This concept stresses the fact that the handicapped person will get the most out of life in the mainstream of human activity rather than in a sheltered situation. Most handicapped Scout-age boys like this idea. They are competitive, enthusiastic, and want to excel. They may have a sheltered background, but Scouting in camp helps them break away on their own.

Rochester-Monroe County Council Camp Fire Handicap Awareness Workshop

The following activities were included in an awareness resource packet for Camp Fire leaders in the Rochester-Monroe County Council of Camp Fire in New York.

Follow-up Activity Sheet

Dear Camp Fire Leader,

Thank you for participating in the Handicap Awareness Workshop. We hope that you and your group members found the workshop a worthwhile experience.

As you know, worthwhile experiences must be reinforced to remain worthwhile. It is with that thought in mind that the following activities have been prepared for you and your group members.

Pick those activities that you feel will be most successful. Perhaps you might plan one activity per meeting for several months. The truly important part will be the discussion following each activity.

If I can be of help in any way please call me at the Camp Fire office.

WoHeLo,

Sheila Weinbach
Special Projects Coordinator

Camp Fire Support

The Camp Fire staff is at your service. The special projects coordinator will help you and your group plan programs appropriate to those with handicapping conditions. If you are considering inviting a child with a disabling condition to join your group but do not know quite how to, give us a call. The Camp Fire library has aids for your use. They are:

1. *She's a Camp Fire Girl, Too* (a syllabus for leaders of regular Camp Fire groups with children with learning disabilities and/or behavior problems—Sacramento Council of Camp Fire).
2. *Leaders of Handicapped Girls.* How to integrate a child with any handicapping condition into your traditional group.
3. "Cantikeya" (to love—Dakota Indian language). A slide tape presentation featuring Antionette VanSavage's Adventure Club. The slides illustrate how a Monroe County group has successfully mainstreamed several children into their group.

We have several leaders who would be glad to share their experiences with you. Call the special projects coordinator for their names and phone numbers.

Agencies

Staff members of various agencies dealing with those with handicapping conditions are at your service. Contact the agency dealing with the specific disability for information and assistance.

Tours

Hospitals, community agencies, schools, health centers, etc., will provide volunteer and staff personnel to answer your questions and in most cases arrange for tours. Call the community service officer for specific information.

Service Projects

Call agencies' Director of Volunteers to find out what is needed. There are many people in institutions as well as in all neighborhoods who would appreciate visitors.

Awards

Starbird/Try-ad for the International Year of the Child.
Citizenship Action Crafts (red, white, and blue beads) #100, 122, 124, 164, 177 or 178.

Role Playing

Goal: To gain insight into the feelings involved in having a child with a handicapping condition in a traditional group.

The Leader's Home

Method:
Briefly explain the situation to group members. Ask them for three volunteers. Tell others to listen carefully and not say anything until the skit is completed. Tell the three volunteers that the skit should last about four minutes. (Use your judgement on amount of time.)

Situation:
The child and parent visits the leader's home to talk about joining the group. The leader tries to convince them that the child would be happier and safer in a group for handicapped children.

Roles:
1. Child with _____ condition. (Deaf, blind, diabetic, retarded, emotionally disturbed, heart disease, etc.)
2. The child's parents.
3. The reluctant or fearful leader.

Discussion:
Tell the children that the quality of acting is unimportant. Then discuss how the participants reacted and what others, parents or leaders, would have done if they were there to discuss the possibilities for your group accepting a new member.

The Club Meeting

Method:
Write each role (1-5) on a small piece of paper or index card. Explain the situation. Distribute the slips of paper at random to five volunteers. Do not discuss until after the skit. Acting time should be above five minutes. (Use your judgement on amount of time.)

Situation:
An Adventure Club meeting. Joan is the same age as the group and lives in the neighborhood but goes to special classes in a school far away. She wears very thick glasses and a hearing aide.

Roles:
1. Leader (Mrs. X) feels Joan should be in a special group at her school. She tries to convince Sue and the assistant leader (Mrs. Y) that it is best for Joan.
2. Assistant Leader (Mrs. Y) wants Joan in the group. Feels other members will learn alot from the experience. In addition, because Joan is the same age as the others and lives in the neighborhood, she belongs in the group.
3. Terry wants the group to remain the same. She thinks Joan is ugly and would ruin the group.
4. Sue, Joan's friend, wants her in the group.
5. Ann has never known a handicapped person and is confused.

Discussion:
Ask participants how they felt, discuss feelings of observers, and talk about your own neighborhood and children who might join the group.

Discussion Topics

1. Planning a campout menu for a group with a diabetic member.
2. Should program be changed to accommodate member who is not physically able to participate in all activities because of physical limitations?
3. How do you deal with a group member who has behavior problems?

Guests

Invite an adult with a handicapping condition to your meeting. Let him/her tell about their condition and how it affects his/her life. Discuss how to talk with them, etc.

Activities for Developing Positive Attitudes*

Disability:
Emotionally handicapped.

Activity:
Give group members an assignment to complete that requires concentration. Play the radio, TV, or phonograph. Interrupt the children. Speak loudly. Ask a few trite questions. Give them five minutes to complete the task. (They should not finish.) Get on them. Ask them why they did not finish. Make them feel bad.

Discussion:
Discuss the feelings. What would it be like to have an emotional disability?

Disability:
Emotionally handicapped.

Activity:
Give a group member a verbal sequence of at least eight directions on things to do. Say them at a normal rate but do not repeat them, e.g., "get a pencil, get a pair of scissors, put them on the shelf, go to the kitchen, climb the steps, turn on the water, turn in a circle, jump three times, etc." If they forget some of them, get on them.

**Prepared by city school special education personnel from New York.*

Discussion:
Discuss the feelings of self-worth and frustration that they might have.

Disability:
Orthopedically impaired.

Materials:
Three containers (Cool Whip type) with paper clips, coins, and tacks; a pencil and some paper; thick mittens or gloves; scissors; a coin bank; a small cork board.

Activity:
1. Put on the thick mittens.
2. Pick up one paper clip at a time from the container and clip it on the papers.
3. Pick up one coin at a time and put each in the bank.
4. Pick up a tack and stick it on the cork board.
5. Draw a simple closed figure using the pencil and paper.
6. Cut out a shape with scissors.

Discussion:
Discuss the feelings involved.

Disability:
A group with a variety of conditions.

Materials:
Table, beverage and snack.

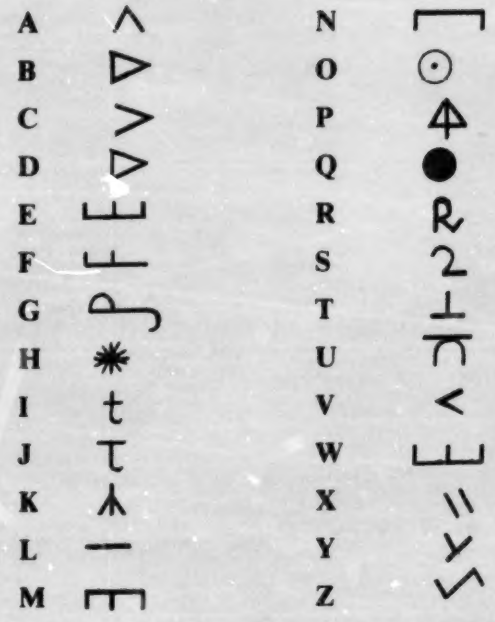
Activity:
Serve your snack in the usual manner that your group is accustomed to. However, prior to going to the table, blindfold some of the members, tie both legs of others together with elastic, put mittens on some, put a sling on another's arm, tie weights to the shoulders of another, etc. Go to the table and eat the snack. Participants may help one another or not. It is their choice.

Discussion:
Discuss the results.

Activity:
Alphabet exercise.

Materials:
Paper, timer, pencil, copies of alphabet for each group member, or copy on a large chart.

Directions:
1. Group selects a teacher.
2. Leader distributes alphabet or displays chart where all can see.
3. Teacher instructs participants to memorize this alphabet. He/she gives a time limit of three minutes.
4. When the timer rings, the teacher instructs participants to return the alphabet.
5. Teacher distributes paper and pencils and instructs the group to number a paper from 1 to 20. Teacher will administer a test dictating alphabet in random order (i.e. "#1-L," "#2-A").
6. Participants will mark their own papers.
7. Discuss how it must feel to have to learn a new language or how it would feel to be in a place where everyone knows how to write the language but you.



Disability:
Hearing impaired.

Activity:
Play a game of charades, using absolutely *no* language. Try to get across to the group important information that we need to give daily:
1. Your telephone number.
2. Your birth date.
3. Your address

Rationale:
These are very difficult concepts for a hearing person to ask of a deaf person as well as a deaf person (w/o language) to get across.

Disability:
Visually impaired.

Materials:
Blindfold.

Activity:
Have a sighted person and a blindfolded person walk around in a designated area, trying to incorporate a few steps, perhaps an incline, going through a doorway, opening a door, climbing stairs: just routine tasks in one's day. How well did the blindfolded person adjust to the situation? What was the most difficult and least difficult obstacle to adjust to, of those encountered? How did the blindfolded person feel while traveling without his sight? (The sighted partner should give verbal clues such as "you are approaching steps straight ahead," or "there is a desk to your right.")

Disability:
Visually impaired.

Materials:
Liquids and dry goods (water, sugar, cereal), and a blindfold.

Activities:
Have the blindfolded individual experience pouring into various sized containers. What kind of methods were used to insure not spilling the items? How accurate was the individual? How did he/she feel about not being able to see?

Disability
Emotionally Handicapped

Activity
Take a group of people and have them sit down to have a discussion. Pick two leaders and send them out of the room for five minutes. On paper given to each member tell them that they are going to be having a discussion about what activities to do that weekend. Tell them that #1 and #2 (co-leaders) are going to be leaders of the group. They are to be negative to all of #1's suggestions. His/Her ideas are to be rejected and eventually they will be put down for their ideas. Leader #2 will be a person to ignore. When #2 gives an opinion or idea, he/she should not be recognized. Maybe some glances back and forth or some giggles would be appropriate. #1 and #2 should be given a paper telling them that they are the leaders of the group and are to be giving suggestions as to what to do this weekend. #1 and #2 *should not know* what is going on. The point is that they should feel what it is like to be rejected by a peer group.
Discussion should follow.

Disability:
Hearing impaired.

Materials:
Tape recorder, headset, empty tape.

Activity:
Tape yourself reading a story but leave out phrases, words, and syllables. For example, use *The Gingerbread Boy*. Make sure tape is rewound. Put on earphones and listen to tape. Did you understand the whole story? How did you feel being "hearing impaired?" What frustrations did you feel?

Learning Disability Simulations

Problem 1: Let's see what reading is like when few letters look similar, when big and little spaces are confused, and when it is hard to stay on the proper l ine.

Fir^{s}t le^{t} us co^{ns}id^{er} se^{ve}r^{a}l fac^{to}r^{s} tha^{t} c^{a}n i^{n}flu^{enc}e yo^{u}r

re^{lat}io^{ns} w^{ith} a^{n}e^{w} handi^{c}a^{pp}e^{d} c^{amp}e^{r}:

1. tho^{se} c^{amp}e^{r}^{s} who have bee^{n} d^{i}sabl^{ed} fo^{r} a p^{eri}od of

t^{i}me h^{a}v^{e} a^{lre}a^{dy} de^{v}elo^{pe}d a^{d}a^{pta}t^{i}o^{ns}th^{at} al^{ow} th^{em} to

p^{a}r^{tic}i^{pa}t^{e} i^{n} ce^{rta}i^{n} p^{hy}si^{c}a^{l} a^{c}ti^{v}i^{ti}e^{s}. A^{l}l^{ow} th^{ese}

c^{a}m^{per}s to p^{ro}ce^{ed} a^{t} th^{eir} o^{wn} degr^{ee} of i^{n}vo^{l}ve^{me}n^{t}

u^{nti}l yo^{u} no^{ti}ce t^{ha}t t^{hey} a^{re} h^{a}v^{in}g . . .

Answer to Problem 1

First let us consider several factors that can influence your relations with the new handicapped camper:

1. Those campers who have been disabled for a period of time have already developed adaptations that allow them to participate in certain physical activities. Allow these campers to proceed at their own degree of involvement until you notice that they are having difficulty; then suggest possible alternatives that can help them. In most instances, these modifications should be worked out jointly between the counselor and the camper.

Problem 2: Left-right discrimination, letter reversals, inversions, transpositions, and deletions.

gnoma,seitilibasid ro ,seitili a fo egnar ediw eht of esuaceB
,lanoitome ,yrosnes ,laci hp ralimis gnivah sa desongaid
nerdlihc hcaorppa koobkooc a ekat ot esiwnu si ti ,smelborp
lautcelletni ro tonnac enO .deppacidnah eht rof seitivitca
dna semag gninnalp ot ,deislap larberec eht rof yllacificeps
seitivitca fo stsil edivorp edivorp ,revewoh ,nac eW .seetupma
rof ro ,dedrater yllatnem eht delbasid etargetni ot ffats
margorp pleh yam taht senilediug emos rehto htiw srepmac

Answer to Problem 2

Because of the wide range of abilities, or disabilities, among children diagnosed as having similar physical, sensory, emotional, or intellectual problems, it is unwise to take a cookbook approach to planning games and activities for the handicapped. One cannot provide lists of activities specifically for the cerebral palsied, the mentally retarded, or for amputees. We can, however, provide some guidelines that may help program staff to integrate disabled campers with other campers.

Activities Developed for Project STRETCH

To the Trainer: The following are three scenarios you may wish to have participants role play or read to gain empathy for serving disabled campers. Other scenarios may also be written by the trainer or participants.

Skit A: Meeting with the Board

Situation: You are the new director of a thirty-year-old agency serving 300 campers on approximately 500 acres of land. Your board has asked you to explore the potential audiences for the camp including the handicapped. You have been asked to report to the board for your findings and recommendations on how the camp can serve this audience: why this audience should be served, what it will cost, and what the camp will need to do to serve this group. Make a brief presentation to your board.
The board consists of the following persons:

—Rev. Smith. New board member who is concerned that handicapped campers have an opportunity to attend camp but is not sure what such an undertaking would involve.
—Mrs. Jones. Parent of three former campers and a former camper herself, who is concerned the quality of the camp will go downhill if handicapped campers are allowed to attend.

—Don Harper. Former staff member about thirty-five years old who recently found out one of his children is deaf.

Each board member is asked to ask questions and make comments appropriate to the board member he/she is portraying.

Skit B: Recruiting a Camper

Situation: You are a director/recruiter for a private residential coed camp which serves youth ages ten to sixteen-years-old for three and six-week sessions during the summer. You have been asked to visit the home of a new potential camper to give your recruiting talk. Give a brief talk to the family.

The family consists of:

—Father. Forty-year-old banker.
—Mother. Registered nurse.
—John. A ten-year-old who has never been to camp.
—Mary. John's eleven-year-old sister who also has never been to camp and has been diagnosed as an epileptic. She too is interested in going to camp.

Skit C: Serving Your Community

Situation: The local school board is considering starting a resident outdoor education program for all fifth and sixth graders. Two camps are being considered: an Easter Seal Camp and a non-handicapped camp. Only five percent of the students have any type of handicap.

Under Public Law 94-142 all public services must be available to handicapped youth to the best extent possible. The Easter Seal Director should present the case for special camps. The other camp director should present the case for mainstreaming. The audience is the board.

Questions for Discussion

1. What were the pros and cons for mainstreaming disabled campers?
2. What concerns do parents, campers, staff, etc., feel when considering sending someone with a handicap to camp?
3. What kind of approach and system should be developed to facilitate recruitment and support of campers with special needs?
4. What resources and points would be helpful for a camp director to sell a program for special camps to himself and/or the board?

Tools for Recruiting Disabled Campers*

Matching Camps and Campers

Recruiting Campers

Recruitment of campers with handicapping conditions can be carried out in much the same way as recruitment of any campers. Some particularly worthwhile methods of recruiting inconvenienced campers are discussed below.

Word of Mouth. A camp director may begin by contacting friends and neighbors in his or her own community. Additionally, former campers may have brothers or sisters who have heard about the fun and excitement at camp and would welcome an opportunity to attend.

Public Announcements. Local newspapers, radio stations, and television may be utilized to announce openings for both inconvenienced and able-bodied youngsters at a camp. Organizations for parents who have children with handicapping conditions or for inconvenienced individuals themselves almost always publish a newsletter or journal for their members which offers an effective and inexpensive method of recruiting inconvenienced campers. At the very least, each of these organizations has some way of communicating information to members, even if it is only a sophisticated grapevine! A listing of organizations and their publications is presented in Appendix A.

Referrals. Referrals of potential campers may come from various sources: guidance counselors, social workers, psychologists, special education departments in school systems, hospitals, and rehabilitation agencies. Because an individual is referred to the camp does not necessarily mean that he or she is more severely handicapped, involved, disturbed, or affected; in fact, with the benefits of integrated camping becoming widely recognized, increasing referrals of individuals to camps are to be expected. When a referral is received by a camp director, this opportunity can be used to recruit other potential campers who may be known by the referring agency or individual.

Civic Organizations. Lions, Elks, Kiwanis, Civitan, Rotary, and other such clubs commonly sponsor events and raise funds for projects involving inconvenienced persons. They, therefore, would have methods of contacting possible campers. Also, these groups often contribute funds and/or services to worthwhile projects or persons in financial need and may represent a funding or person-power source for the camp.

Residential Facilities. Residents of institutions, state schools, halfway houses, or similar facilities typically have specialized (i.e., segregated) summer camps open to them. Some of these individuals, however, may be ready and able to participate with able-bodied persons in a camp situation. These resources should definitely not be overlooked as sources of potential campers.

Assessment of Readiness for an Integrated Camping Experience

Camp directors who are approached by parents or agencies wanting to enroll an inconvenienced child in the camp must be able to determine whether the child is ready for a non-specialized camp experience and whether he or she will be able to function effectively in the particular camp they have selected. The decision of readiness should be a joint one involving the camp director, parents, agency, teacher, physician, and other professionals who have come in contact with the child.

Guidelines are available to facilitate the determination of readiness. Early studies of the Massachusetts Easter Seal Society's integrated camping program concluded that a child's adjustment to camp was most related to social maturity and degree to which the impairment, disability, or handicap enabled the child to participate in activities valued by the cabin group; previous camping experience or type of handicapping condition were of lesser importance. Other evidence links camp readiness with social, behavioral, and independence skills.

Some studies have been carried out attempting to delineate the characteristics most related to a child who has a handicapping condition succeeding in a non-specialized camp. The following are brief summaries of the findings of Flax and Peters' study on a camping program sponsored by the Jewish Community Centers Association of St. Louis which integrated mentally handicapped and able-bodied children.[1] The characteristics most related to successful integration of educable mentally handicapped children into non-specialized camps were found to be:

1. Amount of neighborhood street play in which the child participates.
2. Awareness of the needs of others.
3. Ability to delay appropriate gratification.
4. Ability to follow directions.
5. Extent of child's skill in playing highly organized games.
6. Skill in playing unorganized games.
7. Gross motor coordination.
8. Overall personal appearance.

*NOTE: All information contained in Section V comes from *Involving Impaired, Disabled, and Handicapped Persons in Regular Camp Programs.* American Alliance for Health, Physical Education, and Recreation: Washington, D.C.

1. Flax, Norman and Peters, Edward N. "Retarded Children at Camp with Normal Children." *Children*, November-December 1969.

The Massachusetts Easter Seal Society[2] found that inconvenienced children who made the best adjustment to non-specialized camps were those rated by their parents as "outgoing, enjoys new experiences." The socially aggressive, self-assured child was more likely to be well adjusted at camp. On the other hand, the children who had more trouble adjusting tended to be rated by their parents as "shy, needs encouragement, needs discipline." Certainly, this would hold true for able-bodied children as well. Counselors tended to rate the poorly adjusted child more often as having a poor attitude toward activities, not accepting disability, or not being well accepted by other children. These children were more likely to be the youngest in their family, were more protected and socially immature, and more often attended a self-contained classroom or a residential school than a regular classroom.

The Massachusetts Easter Seal Society also found that the amount of help a child needed, dependence on others, and the degree to which his or her handicap limited involvement in camp activities was related to camp adjustment. Children whose handicaps prevented much involvement adjusted less well. Additional prerequisites for successful adjustments to integrated camp suggested in this study were the ability to handle their own special needs, body functions, dress, feeding, and degree of striving toward independence, while at the same time recognizing and accepting that some help from others was needed.

> *"Bill would not ask for or accept help in buttoning his life jacket, even though his withered arm made it impossible for him to do the task himself. Instead he excluded himself from boating periods, even though he was anxious to join that activity."*
>
> *"Howie, at age seven, hid the stump of his wrist in his pocket or behind his back. He would spear large pieces of food with his fork rather than ask for help in cutting his food. He would ask no one to cut his nails, tie his laces, or fasten his buttons."*

Both these instances illustrate cases in which two children with handicapping conditions could neither handle all their needs nor ask for help in meeting needs. Their camp experiences were made more negative by their inability to request assistance and by failure of camp personnel to openly discuss the problem. Perhaps, had an understanding counselor or young friend talked to Bill and Howie, the following alternatives could have been suggested:

—more manageable fasteners for life jackets and clothing (velcro, snaps, zippers).
—serving food that required little cutting, or, more preferably, providing utensils which would facilitate Howie's ability to cut food.

Possibly, had camp personnel better assessed Howie and Bill's camp readiness, their negative experiences could have been foreseen and advance preparations could have been made to deal with them.

The only way to determine youngster's readiness for camp is to obtain information about them. Information obtained about individuals not only will assist in determining readiness, but will be of value in grouping them with compatible cabin mates and ensuring the likelihood of an enjoyable experience.

The home visit can be an extremely productive source of information. The responses of child and family to the interviewer's comments and questions, family interaction that is observed and the child's behavior and general ability to handle him/herself, can provide the interviewer with considerable information and impressions valuable in planning for the child's summer. Many children and their parents will not have a well-defined idea of what camp is all about. They may be anxious about the impending experience. A home visit can relieve much of this anxiety if the interviewer takes the time to discuss the concerns expressed by parents and child and encourage the short absence from home, if the child seems ready to take this step. The interviewer should describe the medical facilities and personnel in camp or accessible to camp. Sleeping accommodations can be described (tents, cabins, canvas bunks, mattresses, screened or open), along with availability of toilets, washing and bathing facilities. Describing a typical day at camp, some special programs, some typical meals, and explaining what happens on the first day at camp from the time the child leaves home is helpful. Explain visiting and telephone procedures, rules about cancellation of registration and changes if child leaves camp early. Mention ages of staff, counselor-camper ratio, and where counselors sleep. Paint a verbal picture of the physical plant, swimming facilities, and other aspects of camp life.

Each camp usually has a format which they use for a home interview or for obtaining additional information about potential campers through a mailed questionnaire. The same basic format can be utilized with inconvenienced children. Listed in Appendix B are some suggested questions and observations. The comprehensiveness of the list is not meant to be frightening. Rather, it is designed to provide camp administrators with the kinds of information that will assist in determining readiness, discerning approprite placement in a group, and planning procedures and program modifications so that child and cabinmates can maximize their experience. Many of the questions are the kind that might be asked of the able-bodied in a home interview or through a mailed questionnaire. It may also prove helpful to have the parent write a list of tasks and activities the child needs help with and how long it takes the child to do specific tasks, such as dress.

If the potential camper has been a client of a clinic, family service agency, or agency concerned with the handicapped, their departments of social service or recreation often can provide a comprehensive report of his or her functioning. In smaller communities, the public health nurse may assume this role. An additional source of information is the school. Its staff have been in a good position to observe independence skills, social skills, and general behavior. In some instances, parental knowledge of a child's handicap may not be as comprehensive as that of the physician, psychologist or agency; the parent may not be in a position to determine how the handicap will be affected by the camp environment, and, at times, the professional or agency can provide a more objective picture of the child's functioning. However, parents must not be excluded from the information-gathering process, as they have vital observations about their child's functioning in the home, his/her friends, and personal habits. In addition, the camp may need a signed release from the parents in order to secure information from the physician, psychologist, school, agency, or clinic, and parents will be much more willing to sign releases when they are actively involved in their child's camp selection. Samples of questions for the camp director to ask professionals who know the potential camper are provided in Appendix C.

The camp director's information exchange with parents and others does not terminate once camp and camper have been matched. If the child has a medical condition that could require consultation with the parents or transfer of the child to a hospital, the camp director should be supplied with a list of places where the parents can be reached at all times; telephone numbers of alternate paersons to reach in an emergency, with authority vested in them to make decisions regarding the child; and physician's telephone number and a

2. Dibner, Andrew S. and Dibner, Susan S. *Report on Studies of Integrated Camping*. Easter Seal Society for Crippled Children and Adults of Massachusetts, Inc., 37 Harvard Street, Worcester, MA 01608, October 1968.

signed medical release allowing the director to assume the parental role in authorizing treatment, surgery, hospitalization, injections, and anesthesia in an emergency. If the camp wants to take pictures of the child or identify the child in any publicity, brochures, or camp literature, it is wise to obtain a release signed by both parents. Generally, it is advisable for the interviewer not to promise to keep the child at camp for a specific period of time. Preferably, he or she can register the child for a predesignated period but keep the child at camp as long as the child and camp are handling the experience comfortably.

Obtaining Information through the Home Interview

Questions for Parents

1. Does the child have friends? Many or few? How old are playmates? Are they able-bodied or inconvenienced? Is the child competitive; outgoing; shy?
2. Describe after school and weekend activities. Who plans the child's activities?
3. How old are brothers and sisters? Are they protective of the child?
4. Does child argue a lot or cry easily? How does he/she react to discipline?
5. In what way is the child independent? In what way is the child dependent?
6. How does the child react to changes of plans and disappointments? Does he/she enjoy new experiences?
7. How does the child react when others have difficulty understanding him/her?
8. What integrated activities has the child been involved in? Reaction of child? Reactions of parents?
9. What does the child know about his/her condition? Do parents discuss this openly with the child? How does the child feel about the condition, its prognosis, manifestations, and limtitations? How do the parents feel?
10. Has the child been away from home before? For how long? What were the child's and parent's reactions?
11. Was the child ever at camp? Where? Specialized or nonspecialized? How was the experience?
12. Is the child in special or regular classes at school?
13. Whose idea was enrollment in this particular camp? How does the child feel about leaving parents for camp? What are the child's expectations of camp? What are the parents' expectations?
14. What special procedures should the camp be aware of in areas of:
    —going to the bathroom
    —bed wetting
    —dressing ability
    —bathing and cleanliness
    —eating
    —special diets, allergies, diabetes, obesity
    —walking, running, falling
    —following directions
    —physical endurance
    —sleeping habits
    —special equipment and ability to use it
    —medical care
    —contraindicated activities

Interviewer's Observations of Social and Emotional Functioning and Family Interaction

Observations of Parents. Are parents prepared to be separated from the child for the period of time that he/she will be at camp? Are they prepared to accept the camp's rules on telephone calls and visits? Are parents over-anxious? (This may be expressed by concerns about food, weather, and cleanliness.) Are the parents realistic about the child's capabilities and limitations? Does the information that the interviewer has from the physician, agency, and school relate closely to the information received from parents?

The interviewer should note whether both parents participate in the interview and whether the child is interested or allowed to be present during the interview. Are the father and mother in agreement about the handicap and about handling procedures or do you note dissension? Do they discuss the handicap furtively and with difficulty or in a relaxed fashion in the child's presence?

Observations of the Child. The interviewer should observe the child's behavior in the home: relationship to parents and siblings, interaction with the interviewer, interest in the discussion. Are articulation, understanding what he/she hears, and use of language good? Are the quality of responses bizarre or appropriate? Does the child seem interested in or excited about going to camp, or fearful? What are specific concerns? What aspects of camp seem to be of particular interest? Does the child hide prothesis or affected limb? Can the child discuss difficulties with ease?

Obtaining Information from Professionals

Information the Director May Seek from a Physician

—Extent and implications of child's condition.
—Is condition congenital or acquired? If acquired, cause and time of acquisition.
—Does child have a neurological condition, seizures, behavior disturbances, mental retardation, or asthma attacks? Describe manifestations, frequency, prevention, and care.
—Does child fatigue easily?
—Does child have special medication or dietary restrictions? Detail.
—Does child require use of any special equipment during the day or night? What care does the equipment require?
—Should the camp have a supply of specific medications for emergency use?
—Are there specific and generalized medical procedures that should be followed with this child?
—Describe the child's physical, social, and emotional functioning.
—How dependent is the child on the family? Describe general family functioning.
—When did you last see the child?
—From what other sources should information be obtained?
—Can the child participate in unrestricted physical activities? If not, indicate
—Degree of limitation:

MILD—ordinary physical activity need not be restricted but unusually vigorous efforts need to be avoided.
MODERATE—ordinary physical activity needs to be moderately restricted and sustained strenuous efforts need to be avoided.
LIMITED—ordinary physical activity needs to be markedly restricted. Indicate body areas in which physical activity should be minimized or eliminated.

Information the Director May Seek from a Psychologist or Psychiatrist

—Describe the general behavior of the child.
—Describe specific problem areas and suggest procedures for handling.

—Does child have a behavior disorder, mental retardation, and/or learning disabilities? Detail.
—Is child hyperactive? Hypoactive?
—Describe family functioning.
—What are the results of screenings and assessments?

Information the Director May Seek from the School

—How does the child function behaviorally and socially? As an individual? In group situations? Does child make friends easily? Give and take?
—Is the child hyperactive; hypoactive? Does the child have a long/short interest span? Is the child easily frustrated?
—Describe the child's areas of difficulty and limitations.
—What are child's interests and aptitudes?
—Is the child independent? Does the child walk to and from school alone? With others?
—Can the child negotiate stairs, dress and feed self? Does the child express him/herself well?
—What is the child able to do in physical education?
—Describe parental attitude.
—What are the results of screenings and tests?

Information and Assistance the Director May Seek from Agencies

Whether or not a child has been served by a specialized agency concerned with impaired, disabled, or handicapped persons, such agencies can assist directors and staff. Some of the following information can be obtained from these agencies:

—What is the child's background, limitations in functioning, strengths, degree of independence, social skills, and ability to function as a member of a group? Is the child reserved, withdrawn, or outgoing?
—Describe parental attitudes.
—If the child attended the agency's camp in previous years, how did he/she function? Was improvement noted in self-care, independence, and social skills?
—What are the short and long-term goals the agency has for the child? What can the camp do to contribute to these goals?
—Will the agency assist with pre-camp and inservice staff orientation? Can the agency provide a staff member who will assume this role as well as provide films, literature, and/or other resources?
—Will the agency be on call for consultation should a problem or emergency arise during the summer?
—Will the agency work with the family, interpreting camping to them, preparing them for separation, and being available to help out if needed during the summer?

Advocate Organizations*

Alexander Graham Bell Association for the Deaf, Inc. 3417 Volta Place, N.W., Washington, D.C. 20036.

Allergy Foundation of America. 801 Second Avenue, New York, NY 10017.

American Association for Health, Physical Education, and Recreation. 1201 36th Street, N.W., Washington, D.C. 20036.

American Association for Rehabilitation Therapy. P.O. Box 93, North Little Rock, AR 72116.

American Association for Retired Persons. 1225 Connecticut Avenue, N.W., Washington, D.C. 20036. Phone: (202) 872-4700.

American Association for the Education of the Severely/Profoundly Handicapped. 1600 West Armory Way, Garden View Suite, Seattle, WA 98119.

American Association of Workers for the Blind, Inc. 1511 K Street, N.W., Washington, D.C. 20005.

American Association on Mental Deficiency. 5201 Washington Avenue, N.W., Washington, D.C. 20015.

American Blind Bowling Association. 150 N. Bellaire Avenue, Louisville, KY 40206.

American Cancer Society, Inc. 521 West 37th Street, New York, NY 10018.

American Coalition of Citizens with Disabilities. 1346 Connecticut Avenue, N.W., Washington, D.C. 20036.

American Congress of Rehabilitation Medicine. 25 Barnes Court, Hampton, VA 22364.

American Council of the Blind. 1211 Connecticut Avenue, N.W., Washington, D.C. 20036.

American Diabetes Association, Inc., 1 East 45th Street, New York, NY 10017.

American Foundation for the Blind, Inc. 15 West 16th Street, New York, NY 10011. Phone: (212) 924-0420.

American Hearing Society, 919 18th Street, N.W., Washington, D.C. 20036.

American Heart Association, Inc. 44 East 23rd Street, New York, NY 10010.

American Heart Association. 7320 Greenville Avenue, Dallas, TX 75231.

American Hospital Association, Inc. 840 North Lake Shore Drive, Chicago, IL 60611.

American Institute of Architects. 7315 Wisconsin Avenue, N.W., Washington, D.C. 20014.

American Leprosy Missions, Inc. 297 Park Avenue, South, New York, NY 10010.

American Medical Association. 535 North Dearborn Street, Chicago, IL 60610.

American National Red Cross. 17th and D Sts., N.W., Washington, D.C. 20006. Phone: (202) 737-8300.

American National Standards Institute, Inc. 1430 Broadway, New York, NY 10018.

American Occupational Therapy Association. 6000 Executive Boulevard, Rockville, MD 10852.

American Organization for Rehabilitation Through Training Federation. 871 Broadway, New York, NY 10003.

American Orthotics and Prosthetics Association. 1440 N Street, N.W., Washington, D.C. 20005.

American Osteopathic Association. 212 East Ohio Street, Chicago, IL 60611.

American Physical Therapy Association. 1156-15th Street, N.W., Washington, D.C. 20005.

American Printing House for the Blind, Inc. 1839 Frankfort Avenue, Louisville, KY 40206.

American Psychiatric Association. 1700-18th Street, N.W., Washington, D.C. 20009.

American Public Health Association. 1015-18th Street, N.W., Washington, D.C. 20036.

American Rehabilitation Committee. 21 East 21st Street, New York, NY 10010.

American Rehabilitation Foundation. 1800 Chicago Avenue, Minneapolis, MN 55404.

American Speech and Hearing Association. 10801 Rockville Pike, Rockville, MD 20852.

AMVETS (American Veterans of WW II, Korea, and Vietnam), 1710 Rhode Island Avenue, N.W., Washington, D.C. 20036.

American Wheelchair Bowling Association. 2635 Northeast 19th Street, Pompano Beach, FL 33062.

Architectural and Transportation Barriers Compliance Board. U.S. Dept. of Health, Education, and Welfare, 330 C Street, S.W., Washington, D.C. 20201.

Architectural Barrier Removal Information Center. East Central University, Ada, OK 74820.

Architectural Barriers Committee. 6473 Grandville, Detroit, MI 48228.

Arthritis and Rheumatism Foundation. Ten Columbus Circle, New York, NY 10019.

Arthritis Foundation. 3400 Peachtree Road, N.E., Atlanta, GA 30326.

Arts and the Handicapped Information Service. Box 2040 Grand Central Station, New York, NY 10017.

Association for Children with Learning Disabilities. 5225 Grace Street, Pittsburg, PA 15236.

Association for Children with Learning Disabilities. 4156 Library Road, Pittsburg, PA 15234.

Association for the Advancement of the Blind and Retarded. 164-09 Hillside Avenue, Jamaica, NY 11432.

Association of Drivers Educators for the Disabled (ADED). c/o Dorothy Beard, Texas Institute for Rehabilitation, 2307 Arbor, Houston, TX 77004.

Association of Handicapped Artists. 1134 Rand Building, Buffalo, NY 14203.

Association of Handicapped Artists. 503 Brisbane Building, Buffalo, NY 14203.

Association of Rehabilitation Centers, Inc. 828 Davis Street, Evanston, IL 60201.

Association for Sports for Cerebral Palsy. 17 June Street, P.O. Box 3874, Amity State, New Haven, CT 06525.

Athletes for the Blind. 152 West 42nd Street, New York, NY 10036.

Blinded Veterans Association. 1735 DeSales Street, N.W., Washington, D.C. 20036.

Australian Council for Rehabilitation of the Disabled. 209 A. Castlereagh Street, Sydney, Australia.

BOLD (Blind Outdoor Leisure Development). 533 East Main Street, Aspen, CO 81611.

Boy Scouts of America. Scouting for the Handicapped Div., Fort Worth, TX 75261.

Braille Institute of America, Inc. 741 North Vermont Avenue, Los Angeles, CA 90029.

The Braille Technical Press, Inc. 980 Waring Avenue, New York, NY 10469.

British Council for Rehabilitation of the Disabled. Tavistock House South, Tavistock Square, London WC1H 9LB, England.

British Sports Association for the Disabled. State Mandeville Sports Stadium, Harvey Rd., Aylesbury, Bucks, England.

Bureau of Education for the Handicapped. U.S. Office of Education, 400 Maryland Avenue, S.W., Washington, D.C. 20202.

Canadian Rehabilitation Council for the Disabled. 1 Yonge Street, Suite 2110, Toronto, Ontario M5E 1E8 Canada

Christian Record Braille Foundation. 4444 S. 52nd St., Lincoln, NE 68506. Phone: (800) 228-4189.

Committee on Barrier Free Design. President's Committee on Employment of the Handicapped, 1111-20th Street, N.W., Washington, D.C. 20210.

Council for Exceptional Children. 1920 Association Drive, Reston, VA 22091.

*The entire contents of this section were prepared by Gerald Hitzushen and Gary Thompson for the Dean's Grant/Project Mainstreaming, Bureau of Education for the Handicapped Project #OE6007801720, U.S. Office of Education.

It is available from 604 Clark Hall, College of Public and Community Services, University of Missouri-Columbia, Columbia, MO 65211. (314) 882-4664.

Council of Organizations Serving the Deaf. Wilde Lake Village, No. 310, Columbia, MD 23044.

Cystic Fibrosis Foundation. 3379 Peachtree Road, N.E., Atlanta, GA 30326.

Deafness Research Foundation. 366 Madison Avenue, New York, NY 10017.

Disabled Living Foundation. 346 Kensington High Street, London W14, England.

Down's Syndrome Congress. 1802 Johnson Drive, Normal, IL 61761.

Educational Facilities Laboratories. 850 Third Avenue, New York, NY 10022.

Epilepsy Foundation of America. 4351 Garden City Dr., Landover, MD 20785.

European Leisure and Recreation Association. Secretarist ELRA, Seefeldstrasse 8, P.O. Box CH-8022, Zurich, Germany. Phone: 01327244.

Federation of the Handicapped, Inc. 211 West 15th Street, New York, NY 10022.

Fight for Sight, Inc. National Council to Combat Blindness, 41 West 57th Street, New York, NY 10019.

Flying Wheels Tours. 143 W. Bridge Street, P.O. Box 382, Owatonna, MN 55060.

Franklin Institute Research Laboratories. Center for the Enhancement of the Capabilities of the Handicapped, Twentieth and Parkway, Philadelphia, PA 19103.

General Services Administration. Business Service Center, 7th and D Streets, S.W., Washington, D.C. 20407.

Girl Scouts of the U.S.A., Advisor on Programs for Disabled Girls, 830 Third Avenue, New York, NY 10022.

Goodwill Industries of America, Inc. 9200 Wisconsin Avenue, N.W., Washington, D.C. 20014.

Guide Dog Foundation for the Blind. 109-19-72nd Avenue, Forest Hills, NY 11375.

The Guided Tour. 8 Asbury Avenue, Melrose Park, PA 19126.

Handicapped Adventure Playground Assn., 2 Paultons Street, London S.W. 3, England.

Handicapped Artists of America, Inc. 8 Sandy Lane, Salisbury, MA 01950.

Handy-Cap Horizons, Inc. 3250 East Loretta Drive, Indianapolis, IN 46227.

Heritage Recreation and Conservation Service. Washington, D.C. 20240.

Housing Commission for the Disabled. 12 Gl Mont., DK-1117, Copenhagen, Denmark.

Housing Committee for the Physically Handicapped. c/o Department of Social Services, Room 6111 Harlem Hospital Center, 506 Lenox Avenue, New York, NY 10037.

Human Resources Center. Willets Road, Albertson, NY 11507.

ICTA Information Center. Swedish Central Committee for Rehabilitation (SUCR), Fack, S-161 03, Bromma 3, Sweden.

Industrial Home for the Blind. 57 Willoughby Street, Brooklyn, NY 11200.

Information Center on Exceptional Children. Council for Exceptional Children, 1499 Jefferson Drive Highway, Suite 900, Arlington, VA 11101.

Institute for the Cripplied and Disabled. 5530 Wisconsin Avenue, N.W., Suite 955, Washington, D.C. 20015.

International Cerebral Palsy Society. 12 Park Crescent, London, W1N 4EQ, England.

International Committee of the Silent Sports. Gallaudet College, Florida Avenue and Seventh Street, N.E., Washington, D.C. 20002.

International Cystic Fibrosis Association. 521 Fifth Avenue, New York, NY 10017.

International Playground Association. 57 B Catherine Place, London SW1, England.

Jewish Braille Institute. 110 East 30th Street, New York, NY 10016.

Joint Handicapped Council. 720 West 181st Street, New York, NY 10033.

Joseph P. Kennedy, Jr. Foundation. 1701 K Street, N.W. Suite 205, Washington, D.C. 20006.

Junior National Association for the Deaf. Gallaudet College, Washington, D.C. 20002.

Juvenile Diabetes Foundation. 23 East 26th Street, New York, NY 10010.

Library of Congress. National Library Service for the Blind and Physically Handicapped, Taylor Street Annex, 1291 Taylor Street, Washington, D.C. 20542.

Little People of America. P.O. Box 126, Owatonna, MN 55060.

Louis Braille Foundation for Blind Musicians. 215 Park Avenue South, New York, NY 10003.

Maryland School for the Blind. 3501 Taylor Avenue, Baltimore, MD 21136.

Maryland School for the Deaf. Frederick, MD 21701.

The Menninger Foundation. 3617 West Sixth Street, Topeka, KS 66601.

Mental Health Association, National Headquarters. 1800 North Kent Street, Arlington, VA 22209.

Mobility on Wheels. 717 Fern Court, Virginia Beach, VA 23451.

Muscular Dystrophy Association of America, Inc. 810 Seventh Avenue, New York, NY 10019. Phone: (212) 586-0808.

National Association for Retarded Citizens. 2709 Avenue E. East, P.O. Box 6109, Arlington, TX 76011. Phone: (817) 261-4961.

National Association for the Deaf. 814 Thayer Avenue, Silver Spring, MD 20910.

National Association for Visually Handicapped. 3201 Balboa Street, San Francisco, CA 94121.

National Association for Visually Handicapped. 305 East 24th Street, New York, NY 10010.

National Association of the Physically Handicapped, Inc. 6473 Grandville Avenue, Detroit, MI 48228. Phone: (313) 271-0160.

National Association of Sheltered Workshops and Homebound Programs, Inc. 1029 Vermont Avenue, N.W., Washington, D.C.

National Association of the Deaf-Blind. 2703 Forest Oak Circle, Norman, OK 73071.

National Center for a Barrier Free Environment. 8401 Connecticut Avenue, N.W., Washington, D.C. 20015.

National Center for a Barrier Free Environment. 7315 Wisconsin Avenue, Washington, D.C. 20014.

National Center for Deaf-Blind Youths and Adults. 105 Fifth Avenue, New Hyde Park, Long Island, NY 11040.

National Center for Law and the Handicapped. 211 West Washington Street, Suite 1900, South Bend, IN 46601.

National Children's Center, Inc. 6200 Second Street, N.W., Washington, D.C. 20011.

National Child Research Center. 3209 Highland Place, N.W., Washington, D.C. 20008.

National Congress of Organizations of the Physically Handicapped. 7611 Oakland Avenue, Minneapolis, MN 55423.

National Council for Therapy and Rehabilitation through Horticulture, Mount Vernon, VA 22121.

National Cystic Fibrosis Research Foundation. 3379 Peachtree Road, N.E., Atlanta, GA 30326.

National Deaf-Blind Program. Bureau of Education for the Handicapped, Room 4046, Donohoe Building, 400-6th Street, S.W., Washington, D.C. 20202.

National Easter Seal Society for Crippled Children and Adults. 2023 West Ogden Avenue, Chicago, IL 60612. Phone: (312) 243-8400.

National Educational Association. 1201-16th Street, N.W., Washington, D.C. 20006.

National Federation for the Blind. 218 Randolph Hotel Building, Des Moines, IA 50309.

National Foundation for Happy Horsemanship for the Handicapped. P.O. Box 462, Malvern, PA 19355.

National Foundation-March of Dimes, 1275 Mamaroneck Avenue, White Plains, NY 10605.

National Handicapped Sports and Recreation Association. 4105 East Florida Avenue, Denver, CO 80222.

National Health Council. 1740 Broadway, New York, NY 10019.

National Hemophilia Foundation. 25 West 39th Street, New York, NY 10018.

National Inconvenienced Sportmen's Association. 3738 Walnut Avenue, Carmichael, CA 95608. Phone: (916) 484-2153.

National Industries for the Blind. 1455 Broad Street, Bloomfield, NJ 07003.

National Industries for the Blind. 15 West 16th Street, New York, NY 10011.

National Industries for the Severely Handicapped. 4350 East-West Highway. Bethesda, MD 20814.

National Institute for the Deaf. 105 Goueer Street, London WC1, England.

National Kidney Foundation. Two Park Avenue. New York, NY 10016.

National Multiple Sclerosis Society. 257 Park Avenue South, New York, NY 10010.

National Paraplegia Foundation. 333 North Michigan Avenue, Chicago, IL 60601. Phone: (312) 346-4779.

National Park Service. Department of the Interior, 18th and C Streets, N.W., Washington, D.C. 20240.

National Recreation and Park Association. 1601 North Kent Street, Arlington, VA 22209.

National Retarded Children Association. 420 Lexington Avenue, New York, NY 10170.

National Society for Autistic Children. 1234 Massachusetts Avenue, N.W., Suite 1017, Washington, D.C. 20005.

National Society for the Prevention of Blindness, Inc. 79 Madison Avenue, New York, NY 10016.

National Spinal Cord Injury Foundation. 369 Elliot Street, Newton Upper Falls, MA 02164.

National Rehabilitation Association. 1522 K St., N.W., Washington, D.C. 20036.

National Tay-Sachs Foundation and Allied Diseases Association. 122 East 42nd Street, New York, NY 10017.

National Theatre of the Deaf. 305 Great Neck Road, Waterford, CT 06385.

National Therapeutic Recreation Society. 1601 North Kent Street, Arlington, VA 22209. Phone: (703) 525-0606.

National Tuberculosis and Respiratory Disease Association. 1740 Broadway, New York, NY 10019.

National Wheelchair Athletic Association. 40-24 62nd Street, Woodside, NY 11377. Phone: (312) 424-2929.

National Wheelchair Basketball Association. 110 Seaton Building, University of Kentucky, Lexington, KY 40506.

North American Riding for the Handicapped Association. P.O. Box 100, Ashburn, VA 22011.

Office of Civil Rights for the Handicapped. Dept. of Health, Education, and Welfare, 330 Independence Avenue, S.W., Washington, D.C. 20201.

Office of Technical Services. Room 4059 DHEW North Building, 330 Independence Avenue, S.W., Washington, D.C. 20201.

Open Doors for the Handicapped. 1013 Brintell Street, Pittsburg, PA 15201.

The Orton Society, Inc. 8415 Bellona Lane, Suite 115, Towson, MD 21204.

Paralyzed Veterans of America. 4350 East-West Highway, Bethesda, MD 20814. Phone: (301) 652-2135.

Perkins School for the Blind. 175 North Beacon Street, Watertown, MA 02172.

Placement and Referral Center for Handicapped Students. Division of Special Education and Pupil Personnel Services, Board of Education for the City of New York, 131 Livingston Street, Brooklyn, NY 11201.

People-to-People Health Foundation, Inc. The Project HOPE, Milwood, VA.

Physically Handicapped and Associates of Dayton. 134 Jackson Street, Apt. No. B, Dayton, OH 45402.

President's Committee on Employment of the Handicapped. 1111 20th Street, N.W., Washington, D.C. 20210. Phone: (202) 961-3401.

President's Committee on Mental Retardation. 7th and D Streets, S.W., Washington D.C., 20201.

Project Volunteer Power. 1028 Connecticut Avenue, N.W., Washington, D.C. 20036.

Public Interest Law Center, 1315 Walnut Street, Suite 1600, Philadelphia, PA 19107.

Rambling Tours, Inc. P.O. Box 1304, Hallandale, FL 33009.

Rehabilitation Institute of Chicago. Access Chicago, 345 East Superior Avenue, Chicago, IL 60612.

Rehabilitation International. 122 East 23rd Street, Second Floor, New York, NY 10010.

Rehabilitation International. Secretariate, 219 East 44th Street, New York, NY 10017.

Rehabilitation Services Administration. U.S. Dept. of Health, Education, and Welfare, 330 C Street, S.W., Washington, D.C. 20201.

Royal Institute of British Architects. 66 Portland Place, London W1, England.

Scottish Sports Association for the Disabled. The Thistle Foundation, 22 Charlotte Square, Edinburgh EH20F, Scotland.

Sister Elizabeth Kenny Foundation. 1800 Chicago Avenue, Minneapolis, MN 55404.

Social and Rehabilitation Services. 330 C Street, S.W., Washington, D.C. 20201.

Social Security Administration. 6401 Security Boulevard, Baltimore, MD 21235.

Spina Bifida Association of America. 343 South Dearborn Street, Room 319, Chicago, IL 60604.

Sports Club for the Blind. Grants Land. Limpsfield, Oxted, Surrey, England.

Travel Information Center, Moss Rehabilitation Hospital, 12th Street and Tabor Road, Philadelphia, PA 19141.

United Cerebral Palsy Association, Inc. 66 East 34th Street, New York, NY 10016. Phone: (212) 889-6655.

United States Association for Blind Athletes. 55 West California Avenue, Beach Haven Park, NJ 08008.

U.S. Dept. of Health, Education, and Welfare. 300 Independence Ave., S.W., Washington, D.C. 20036. Phone: (202) 655-4000.
Phone: (202) 655-4000.

U.S. Dept. of Housing and Urban Development. Office of Policy Development and Research, Washington, D.C. 20410.

U.S. Office of Education. Bureau of Education for the Handicapped, Regional Office Building, 7th and D Streets, S.W., Washington, D.C. 20201.

United States Wheelchair Sports Fund. 40-24-62nd Street, Woodside, NY 11377.

Veterans Administration, 810 Vermont Avenue, N.W., Washington, D.C. 20420.

World Games for the Deaf. United States Committee, AAAD, 7530 Hampton Avenue, No. 303, West Hollywood, CA 90046.

Legislation, Standards, and Sources for Information on Funding

Legislation Regarding Persons with Disabilities

The following is a brief list of two major pieces of legislation regarding provisions for the handicapped:

Section 504 of the Rehabilitation Act of 1973.

Purpose: To insure nondiscrimination with respect to handicapped individuals.

Implications: Camps, particularly those receiving federal, state, or local public funds, need to recognize that equal opportunities for the handicapped must be provided. A major trend in schools is mainstreaming. Schools with camping programs in the future will be more sensitive to renting campsites which are accessible and facilitate mainstreaming.

Education for the Handicapped Act P.L. 94-142.

Purpose: To guarantee that all handicapped children have available to them free appropriate public education and related services.

Implications: This law is designed to insure the unique needs of the handicapped are met through education and related services. Camps should check their state's definition of related services as to whether this includes recreation and camping opportunities.

Publications with Information on Funding Sources

Foundation Directory

c/o Foundation Center
888 Seventh Avenue
New York, NY 10019

How to Get Money for Youth, Elderly, Handicapped, Women and Civil Liberties

c/o Human Resources Network
2010 Chancelor Street
Philadelphia, PA 19103

Federal Assistance Programs Serving the Handicapped

c/o HEW
Washington, D.C. 20202.

Standards of the American Camping Association (ACA)

The American Camping Association is a private, nonprofit, educational organization with members in all fifty states and several foreign countries. Its members represent a diverse constituency of camp owners and directors, executives, educators, clergy, business representatives, consultants, camp and organization staff members, volunteers, students, retirees and others associated with the operation of camps for children and adults.

The purpose of the American Camping Association is to assure the highest professional practices for administration and extension of the unique experiences of organized camping.

The Standards Program

The purpose of the ACA Camp Standards Program is to assist administrators in the provision of a quality camp experience for the participants. ACA Camp Standards represent desirable practices basic to quality programs.

Many types of programs use ACA Standards including, but not limited to, day and resident camps, travel and trip camps, school camps and environmental education centers, camps with special program emphases (sports, academic, therapeutic, religious, etc.). ACA Standards are also used by conference centers and others who specialize in offering facilities and services to other program operators.

By meeting specific prerequisite or required Standards, a minimum score of 75 percent in each applicable operational category of the Standards with an overall minimum score of 80 percent and approval by the Section Board, a camp may become an American Camping Association Accredited Camp. These requirements are considered baseline. Few camps receive accreditation by meeting the minimum percentage; the majority receive accreditation with compliance of 90 percent or more.

In addition to camp accreditation, the ACA provides site approval for the camp which rents or leases to others. An American Camping Association Approved Site meets Standards specific to site operation and to those programs and services furnished by the site operator. The same minimum percentages apply in each category and overall.

The accrediting process is a self-policing action by the members and one of the marks of a profession. Nationally trained and certified members make on site visitations at least every three years to evaluate a camp's compliance with the Standards.

A National Standards Board monitors the application of the Standards and endeavors to keep them current and viable. However, the Standards program is administered through the local ACA Sections.

In 1978 an effort to develop Standards for camps serving mentally retarded persons was initiated by individuals in Pennsylvania concerned with camping for mentally retarded persons. Input was solicited from ACA Sections and from state associations for mentally retarded persons. The proposed Standards were coordinated with the existing Standards for physically disabled persons. The final revision of these Standards was adopted by the ACA Council of Delegates at the National Convention in Boston, February 1980.

Standards Are More than Legal Rules and Regulations

Quality camping is *not* primarily a matter of well-intentioned leadership or health and safety laws and regulations enforced by government officials; it *is* the result of professional leadership conducting program in a safe and healthful environment with consideration for the meaning of the camp experience to the participant.

There are two levels or aspects of a safe and healthful environment. One deals with the basic living aspects and the other with the programmatic aspects.

The basic living aspects include requirements concerning food service, water quality, toilet facilities, sleeping accommodations, vehicles, etc. Most state laws and regulations are primarily concerned with this aspect of camp operation. Inspections are made and licenses and permits to operate are issued. These are important, and the accreditation program supports such legal consideration through asking for the signing of a statement of compliance with laws and regulations and in working with local, state, and federal agencies in development of laws and regulations. Also, Standards have been established to cover certain essentials to protect campers, especially in those states which may not have certain regulations, for example, requirements regarding dishwashing procedures and toilet facilities on trips. Legal requirements, when properly enforced, do give certain assurances regarding disease, fire protection, transportation safety, etc.; however, all such legal requirements can be met and still there may be a dangerous environment for campers. There is more to a safe and healthful environment than meeting legal requirements for operations.

Programmatic environmental health and safety must be given importance equal to aspects of basic living. While a few state regulations try to approach this aspect, for the most part no attempt is made because of the difficulty of controlling for inspection the subjective elements of program. Yet, injury suits are usually brought in court based on negligence in program situations where it is alleged that a child was exposed to undue risk of harm (injury) rather than failure to comply with an operational law or regulation. These allegations generally fall into three categories: failure to appropriately supervise, risk in the manner in which the activity was conducted, and a hazardous physical setting. Standards in the American Camping Association accreditation program provide guidance for minimizing negligence by camp personnel.

Specific Standards are concerned with the ratio of staff to campers and with the age and background of counselors and administrative personnel. In-service education is essential. Other Standards are directed toward the suitability of the activity for the camper and the actual conduct of the activity, including sequencing of activities and equipment appropriate to the participants. The Standards provide for a series of health and safety "check offs" applied to individual specific program activities, whether horseback riding, campcraft, arts and crafts, waterfront, archery and riflery, etc. These relate to the competence of the staff, adequacy of the equipment needed, and utilization of practices recommended by specialists (national organizations), where applicable.

The ACA Standards also give attention to campers and staff with special needs, especially those with physical disabilities or mental retardation, to provide for a greater degree of safety and health care.

The ACA accredited camp endeavors to provide both the basic living and programmatic elements, which together give a total environment which is safe and healthful, the right of every participant.

The dynamism of the camp experience is in the behavioral dimensions of the camp program. The Standard upon which accreditation is granted relate not only to safe and healthful environment but also to the meaning of the camp experience to each camper. In no way do the Standards attempt to establish sameness in camp programs among those camps meeting accreditation. There are as many types of programs and approaches to programming as there are camps, but there is a discernible thread of common concern for the meaningfulness of the camp experience. The Standards require objectives to be set forth, and they provide guidelines for breadth and depth of the program experience for the individual camper. The Standards urge experiences which will foster human dignity, facilitate the developmental tasks of a camper, and enhance social relationships. The challenge of adventure and the importance of self-testing physical prowess, emotional courage, and judgement maturity to strengthen a positive self-concept are also embodied in the Standards.

Revision to the Standards has, and continues to be, an ongoing process to upgrade the quality of the Standards program.

In 1979 a member of the National Standards Rewrite Committee contacted staff at the National Easter Seal Society to discuss the possibility of jointly developing a set of Standards for camps serving persons with physical disabilities. The Easter Seal Society had already started writing a set of Standards for specialized camps and generously offered to develop and field test a set of supplemental Standards for inclusion in the ACA Standards Accreditation Program. From 1970 through 1973 Easter Seal Society staff continued to develop and field test their supplemental Standards.

The final revision of these Standards was prepared and submitted to the ACA Council of Delegates at the National Convention in Atlanta, February, 1974.

ACA gratefully acknowledges the effort, dedication and technical assistance provided by the national Easter Seal Society, The American Diabetes Association, and the Epilepsy Foundation of America for their continued support in developing and refining standards for persons with special needs.

The following is an example of some of the Standards as written in the 1981 ACA *Standards* guide. Note: The *Standards* guide also contains an explanation of each Standard.

A-15. Have camp buildings and facilities used by campers and staff who have restricted mobility been constructed or modified so that they do not restrict or impede full participation by those persons?

*B-1. Does the camp have a written statement of goals with specific objectives in terms of camper development?

C-5. Has the camp director had at least 16 weeks of administrative and/or supervisory experience in an organized camp?

Does the director of a camp serving primarily physically disabled and/or mentally retarded persons have

one year of previous experience in working with that special population?

C-7. Do at least 20 percent of the camp program and administrative staff hold a bachelor's degree?

If a camp serves primarily physically disabled and/or mentally retarded persons, 20 percent of the program and administrative staff must have academic training to the level of bachelor's degree in an area relevant to the population or have had at least three years of experience in working with persons of the special polulation being served.

Standards for Persons with Special Needs

Campers and staff members are individuals with particular abilities, limitations, and needs. While some camps are specially designed and operated for persons with defined special needs, MORE AND MORE CAMPS ARE SERVING CAMPERS AND HIRING STAFF WITH SPECIAL NEEDS AS A PART OF THEIR REGULAR CAMPING PROGRAM. This is generally a highly commendable practice provided they are assured of camping services (facilities, program, and personnel) which are responsive to their special needs. In addition to the Standards in Part I, these Standards are applicable.

NOTE: THIS SECTION AND ITS STANDARDS POTENTIALLY APPLY TO ALL CAMPS. IT IS NOT DESIGNED FOR USE ONLY BY "SPECIALIZED" CAMPS. EVERY CAMP SHOULD STUDY THESE STANDARDS AND DETERMINE IF ANY CAMPER OR STAFF MEMBER IN CAMP HAS SPECIAL NEEDS THAT APPLY. ALL STANDARDS ARE TO BE APPLIED TO CAMPS SERVING THE PHYSICALLY DISABLED AND THOSE SERVING THE MENTALLY RETARDED EXCEPT AS DNA's ARE SPECIFIED.

It should be noted that many persons who for some purposes may be identified as "physically disabled" or "mentally retarded" may not need any special considerations of program or facilities in the camp setting. Thus, no special needs are presented for those persons. Others may need very minor considerations or changes in schedule, in personal supervision, or in physical facilities—but only to the extent and in those areas which they will use. Still others may need extensive modification of services which will usually be found only in those camps designed specifically for the disabled. THE IMPORTANT CONSIDERATION FOR EACH CAMP IS TO DETERMINE THE NEEDS OF THEIR PARTICULAR CAMPERS AND STAFF AND TO MEET THOSE NEEDS AS APPLICABLE. AN EXTENSIVE MODIFICATION OF THE CAMP OR ITS PROGRAMS IS SELDOM CALLED FOR.

Samples of Special Standards

P-1. Does the camp provide ground floor level housing for all campers and staff members with problems of mobility?

P-6. If the camp program includes the provision of therapy, is appropriate space provided for the various services, and is the space conducive to the prescribed service?

P-8. Is there at least one toilet in each facility cubicled and with a door or curtain provided for privacy?

P-9. Are special shower or bathing aids provided for campers with special needs?

P-12. Is the maximum water temperature at each shower or tub used by persons with disabilities limited to 110 degrees F. or less, and is access to all thermostats and temperature regulating devices restricted to authorized personnel?

P-13. Is each dining area that is used by persons with problems of mobility adequate in size and design to assure camper safety and comfort?

P-15. Does the health supervisor have written information, signed by the person's physician within three months prior to the camper's arrival at camp, on the medication and activity restrictions of each person with physical disability and/or mental retardation.

P-20. Does the camp follow a written procedure requiring that persons in wheelchairs are transported in vehicles only with:

a. The person belted to the wheelchair?
b. The wheelchair in locked position and secured to vehicle?

P 22. Is there a written procedure requiring counselors to check campers' bodies and appliances daily?

P-28. Has the camp established a referral procedure pertaining to the needs of physically disabled or mentally retarded campers observed at camp?

P-30. Does the camp adhere to a ratio of counselors and counselor-support staff to physically handicapped and/or mentally retarded campers to insure the safety and full participation of those campers with due consideration to overall level of camper independence?

P-32. Do professional personnel participate in staff orientation and in scheduled in-service training to teach staff proper management procedures, including the following where applicable:

a. Safe handling of wheelchairs and lifting of campers;
b. Care of individually prescribed prosthetic and orthopedic devices such as braces, special shoes, splints, and artificial limbs;
c. Recognition of abrasions or sores from misfitting prostheses, braces, chair, or other causes;
d. Essentials of carrying out recommendations or instructions for camper's care, including dressing, feeding, and toileting;
e. Understanding of the specialized needs and limitations of individual campers, including diet, medications, extra rest, and certain physical restrictions;
f. Understanding of the potentially greater degree of psychosocial needs in some disabled persons;
g. Overview of mental retardation;
h. Learn proper method of handling seizures and choking;
i. Introduction to appropriate behavior management?

P-33. Are all counselors and program staff at least eighteen years old?

P-34. If therapy is provided, do the staff members providing therapy meet the standards of their profession, and are they appropriately certified and/or licensed in the state in which the camp is located?

P-36. Is attention given to program adaptation to compensate for the physical, mental, social, and psychological limitations of individual participants?

P-37. Are opportunities provided for campers to develop interests and learn skills which have carry-over value to non-camp settings?

P-38. Are opportunities provided to help each camper develop realistic concepts of his relationships, abilities, and potentials?

P-39. Are opportunities provided for experiences indigenous to camping and for participation (through adaptation) in activities popular with non-disabled persons?

P-40. Is attention focused on staff roles being assistive and supportive to insure maximum realistic camper participation?

P-41. Does the program offer:

a. Variety and diversifications with opportunities to:
   (1) Actively participate
   (2) Passively participate and appreciate
b. Competitive and non-competititve activities
c. Activities of high organization (many formal rules of play) and games of low organization (few rules of play)

P-42. Do activities feature opportunities for participation in large groups and small groups and for dual and individual participation?

P-43. Do program activities recognize the camper's possible lack of or limited exposure to planned activities?

P-44. Are dining dishes and utensils designed or adapted as necessary to maximize the camper's independence in eating?

P-45. Is the waterfront area equipped or adapted as necessary to promote independence in entrance and exit?

P-46. Is a dry shaded place away from the waterfront area provided for campers and for such items as braces, appliances and wheelchairs?

P-47. If a natural swimming area is used, are all of the following conditions met?

a. Are all hazardous bottom of water conditions (dropoffs, rapids, submerged objects) eliminated or managed?
b. Does the current flow no more than two miles per hour?
c. Are methods devised to control camper access?
d. Is emergency equipment stored close to the swimming area?

P-48. If the swimming area is a pool, is access controlled by a physical barrier?

P-49. Is there a limit placed on the number of persons using the swimming areas at any one time?

P-50. Is there a written procedure restricting the use of watercraft to the ratio of one staff to every two physically disabled campers?

P-51. In watercraft use, does the camp follow a written policy that life preservers will be worn by all campers and also by all staff who are not qualified swimmers, and that a floatation device is provided on board for each qualified swimmer?

P-52. Are life preservers regularly tested for buoyancy, and are those life preservers used by persons wearing braces and/or other appliances additionally tested for buoyancy adequate to support the additional weight?

P-53. Does the camp follow a written procedure that seat belts are removed from persons in wheelchairs when on watercraft?

The preceding excerpts are taken from the 1980 edition of *Camp Standards with Interpretations for the Accreditation of Organized Camps*, copyright American Camping Association. Copies of the current Standards book may be obtained from:

American Camping Association
Publications Department
Bradford Woods
Martinsville, IN 46151
Phone: (317) 342-8456.

Appendix: Example of an Awareness Workshop Certificate*

National
Awareness
Workshop

SERVING PERSONS WITH DISABILITIES THROUGH CAMPING

A training program to increase awareness of the current situation
provide information on implications for the camp setting, and sources for further
information to enable development of additional opportunities for persons with disabilities.

Participated in an Awareness Workshop for _____ hours, - - on _____

Held at _____

ProjectStretch
A SPECIAL PROJECT
OF O.S.E. & R.S. #G007901333

_____
COORDINATOR

*Copies are available from the ACA Educational Services Department, Bradford Woods, Martinsville, IN 46151.

BEST COPY AVAILABLE